American Airlines Credit Union

For Office Use only	
Representative	Date

Stop Payment Authorization Form
Please fax the *completed* form to (866) 263-9356
Or mail to: American Airlines Federal Credit Union, Attn: ACH Department
P.O. Box 619001, DFW Airport, TX 75261-9001

Name:	Check One: ☐ Account Owner ☐ Claimant	Account Number: (if applicable)	Date:
Address:	City, State, ZIP	Phone Number:	

Select type and reason for Stop Payment request:

☐ **Check** (attach list for multiple checks with information below):

Check Date:	Check Number:	Amount of Check:	Payee Name:

☐ **Personal Check**
    ☐ Lost or Stolen
    ☐ Other _____
☐ **Remotely Created Check**
    ☐ Debit not authorized to the Payee

☐ **Cashier's Checks** (please mark the appropriate reason)
    ☐ The check was never received from American Airlines Credit Union.
    ☐ The check was received but was lost prior to endorsement.
    ☐ The check was destroyed/mutilated (presentment of check may be required).
    ☐ The check is stolen/in wrongful possession.

☐ **ACH** (for stopping ACH entries *NOT* originated by the Credit Union)

Date:	Company Name:	Expected Date of Transaction:	Expected Amount:

☐   Reason for Stop Payment Request _____

Please select one of the following: ☐ **One-Time Stop Pay Request**   ☐ **Stop All Future Payments**

Confirmation and Declaration of Loss

For Checks:
By my signature below, I certify and declare under penalties of perjury that I am the rightful Account Owner or Claimant named above, and I hereby direct American Airlines Federal Credit Union ("Credit Union") to stop payment on the check described above. I understand and agree that this claim shall not be enforceable unless it is received at a time and manner affording the Credit Union a reasonable time to act on it before the check is paid. I further understand that I must provide reasonably identifying information of the check to the Credit Union. In addition, I agree to the following terms or statements as part of this claim:

1. I have received no benefit or value from any of the proceeds of any check, indirectly or directly, listed in this claim.
2. I agree that the Credit Union will use reasonable effort to stop payment of the check; however, if payment does occur, accidentally or inadvertently, the Credit Union **shall not be liable**. In addition, if the Credit Union pays the check to a holder in due course, I agree to refund any amount of the claim paid by the Credit Union to me.
3. I declare that this sworn statement is being made voluntarily and for the purpose of establishing the facts contained herein.
4. I swear (or affirm) that the statements in this document are true and that I will testify, declare, depose or certify to the truth of any or all of the foregoing before any competent tribunal, officer or person. I further declare that I will cooperate to the fullest extent possible in the prosecution of the person or persons who forged, altered or stole the check for which this claim is made. I further agree that if I refuse to cooperate with any of the foregoing procedures, the Credit Union can revoke any settlement it offered or paid to me relating to this claim, including charging the amount to any account I hold at the Credit Union.
5. In the case of an Official/Cashier's Check, I agree that the claim shall not be enforceable until the ninetieth (90) day following the date of the check. I agree that this claim has no legal effect until such time, and that the Credit Union, without incurring any liability, may pay the check to any person entitled to enforce the check.

I agree that this Stop Payment request is only valid for six (6) months from the date the Credit Union receives the written request.

For ACH:
A stop payment order for Consumer ACH transactions will remain in effect until the earlier of:
- The withdrawal of the stop payment order by the account owner; or
- The return of the debit Entry, where a stop payment order applies to more than one debit Entry relating to a specific authorization involving a specific Originator, the return of all such debit Entries

A stop payment order for Corporate ACH transactions will remain in effect until the earlier of:
- The withdrawal of the stop payment order by the account owner; or
- The return of the debit Entry; or,
- Six months from the date of the stop payment order, unless it is renewed in writing

By signing this claim, I agree to defend, indemnify and hold harmless the Credit Union from any and all claims, damages or costs made or incurred as a result of its refusal to pay the check described above. I declare under penalty of perjury that the foregoing is true and correct.

I further agree to pay the applicable stop payment fees as disclosed in the Credit Union's Rate and Fee Schedule. I further agree to all other terms and conditions of the Credit Union's Membership and Account Agreement. Account Owner or Claimant must sign below.

_____   _____
Account Owner's Signature & Date   Claimant's Signature & Date