

# American Airlines Federal Credit Union makes it simple to Switch Your Checking Account

*We make it easy for you.* Just follow these steps.

## 1 Open your Credit Union Checking Account. (Application enclosed)

Mail completed application or bring your completed application to a Credit Union branch near you.

## 2 Make the transition.

- Move your Direct Deposit to your new Credit Union Checking Account.

To move your payroll Direct Deposit, contact your Human Resources department for details. AMR employees can enroll for Direct Deposit via Jetnet. If you have other sources of Direct Deposit, such as Social Security or a retirement plan, remember to change those, too. To switch Social Security deposits, visit [ssa.gov/deposit](http://ssa.gov/deposit) or call (800) 772-1213. You will need to provide the Credit Union ABA routing number, 311992904, and your checking account number.

- Redirect your automatic payments.

Move automatic payments or withdrawals, such as loans and recurring bills, to your new Credit Union Checking Account at least two weeks before the next payment is due. You will need to provide the Credit Union ABA routing number, 311992904, and your checking account number. Set up your new Bill Pay and sign up for Online Statements in CUAcce\$\$™ by visiting [AACreditUnion.org](http://AACreditUnion.org).

- Stop using your old checking account.

Stop using your old account and allow enough time for any outstanding checks, automatic payments and Visa® CheckCard transactions to clear. Destroy any unused checks, ATM and Visa CheckCards.

## 3 Close your old checking account. (Form enclosed)

Close your old account by sending the attached completed form to your old bank.

## Keep this information handy:

American Airlines Credit Union ABA / Routing Number:

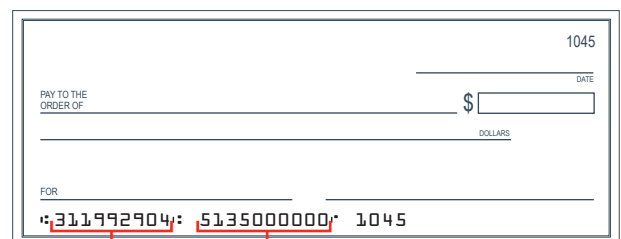
**311992904**

Your new Checking Account number:

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If you have any questions, please call **(800) 533-0035**  
or visit a Credit Union branch.

Image of check as follows:



The image shows a check with the following details: PAY TO THE ORDER OF, DATE, \$, DOLLARS, FOR, and the routing and account numbers: 311992904, 5135000000, 1045.

Routing Number      Account Number



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# Checking Account Application

Please complete and mail the application to the address at the bottom of page 3, or bring to an American Airlines Credit Union branch. For more information, please visit [www.AACreditUnion.org](http://www.AACreditUnion.org) or call (800) 533-0035.

FOR OFFICE USE ONLY	
Account # _____	Suffix No. _____
Representative _____	Date _____
<input type="radio"/> Airport Badge	<input type="radio"/> Company ID <input type="radio"/> Company Pay Stub

0313MEMAP

**PRIMARY Owner Information**  Account Modification

Existing Account Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_  Female  Male

Physical Street Address: \_\_\_\_\_  
(No P.O. Boxes)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Rent  Own Number of years: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from physical street address)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS #/ITIN: \_\_\_\_\_

Government-Issued ID/Driver's License #: \_\_\_\_\_

Issuing State/Country: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License  State ID  Passport  Resident Alien Card

U.S. Person or U.S. Resident Alien:  Yes  No

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cellphone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Required for online access)

Mother's Maiden Name: \_\_\_\_\_

**Employer Information** (of Primary Owner)

Employer: \_\_\_\_\_ Employee #: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_

Occupation/Job Title: \_\_\_\_\_

Gross Income: \_\_\_\_\_ Years Employed: \_\_\_\_\_

**Share Checking**  Add  Modify  Remove

Priority Checking  Single Account  Joint Account

Flagship Checking  Single Account  Joint Account

uChecking (ages 13-25)  Joint Account (ages 13-18 require joint)

**Visa® CheckCard**  Add  Modify  Remove

Cardholder(s) must be on account. Visa CheckCard will access checking and primary share. If only share savings, an ATM card will be provided.

Name for CheckCard: \_\_\_\_\_  
(If none provided, then name will appear as it is on the account)

Primary Owner  Joint  Both

I would like this card to access my Line of Credit.

**Overdraft Protection**  Add  Modify  Remove

I would like to open an Overdraft Protection Loan.\* In case of overdraft, transfer funds from these accounts. With No. 1 being my Overdraft Protection Loan, No. 2 my second choice, etc.

1 Overdraft Protection Loan  Line of Credit (if applicable)

Primary Share Savings (Please see Truth-in-Savings Rate & Fee Schedule for applicable fees.)

Other Jointly Owned Share Savings Account #: \_\_\_\_\_  
Share ID: \_\_\_\_\_

\* Must qualify. See Account Agreement & Disclosure booklet and LoanLiner Addendum for more information regarding the Overdraft Protection Loan.

**JOINT Owner Information**  Add Joint Owner  Remove Joint Owner

**(Joint owner must be within American Airlines Credit Union field of membership and must sign the application)**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_  Female  Male

Physical Street Address: \_\_\_\_\_  
(No P.O. Boxes)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Rent  Own Number of years: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from physical street address)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS #/ITIN: \_\_\_\_\_

Government-Issued ID/Driver's License #: \_\_\_\_\_

Issuing State/Country: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License  State ID  Passport  Resident Alien Card

U.S. Person or U.S. Resident Alien:  Yes  No

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cellphone: (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Required for online access)

Mother's Maiden Name: \_\_\_\_\_

Relationship to Primary Account Owner: \_\_\_\_\_

**Employer Information** (of Joint Owner)

Employer: \_\_\_\_\_ Employee #: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_

Occupation/Job Title: \_\_\_\_\_

Gross Income: \_\_\_\_\_ Years Employed: \_\_\_\_\_

(Application continued on page 3)



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# Checking Account Application

(Continued from page 2)

## Signatures

By our signatures below as account owner and joint account owner, we agree that all funds deposited into the account opened, including any earnings thereon, shall be owned by us jointly with right of survivorship. On the death of one party to the joint account, all sums in the account on the date of the death vest in and belong to the surviving party or parties as his or her separate property and estate.

By my signature below, I acknowledge receipt of your Account Agreement and Disclosures booklet and have read all appropriate Disclosure Statements and Agreements. I agree to be bound by the terms and conditions set forth in your Account Agreement: I agree to conform to the Credit Union's Rules, Regulations, Bylaws and Policies now in effect and as amended or adopted hereafter; and I agree to pay any charges or fees which may be required or assessed under such Rules, Regulations, Bylaws and Policies.

By applying for membership to American Airlines Federal Credit Union, I authorize you to obtain credit reports and verify my employment history in connection with this application for an account or for other related financial services. I also agree to subscribe for at least one share.

## PRIMARY Owner

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## JOINT Owner

For joint account(s), ensure joint information is completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIMARY AND JOINT OWNERS MUST SIGN.  
MISSING INFORMATION MAY DELAY PROCESSING.**

The Credit Union reserves the right to refuse the form if verbiage has been altered.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING NEW ACCOUNT –**  
To help the government fight the funding of terrorism and money-laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

## Beneficiary for Payable on Death (P.O.D.)

P.O.D. ACCOUNT AGREEMENT: I/We agree with the Credit Union that the person(s) named below is/are designated (a) P.O.D. payee(s). Upon my death (the death of the last survivor of us), all such funds shall be owned and payments shall be made at the request of any surviving P.O.D. payee(s). Additional P.O.D. payee(s) can be designated and attached to the document.

By not designating a specific account for the names listed below, the names will be used for all your credit union accounts except for IRAs and Trust Accounts. If the total percentage does not equal 100%, the percentage will be adjusted pro-rata to 100%. If no percentage is selected and more than one P.O.D. payee is indicated, beneficiaries will share equally. This form is incorporated as a part of your Account Agreement with American Airlines Federal Credit Union.

Your P.O.D. may not be an owner of the account.

**1**  Primary Share  Additional Share  Share Checking  ALL

P.O.D. Payee's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS #/ITIN: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(No P.O. Boxes)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Relationship to Primary Owner: \_\_\_\_\_

Percentage: \_\_\_\_\_

**2**  Primary Share  Additional Share  Share Checking  ALL

P.O.D. Payee's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS #/ITIN: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(No P.O. Boxes)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Relationship to Primary Owner: \_\_\_\_\_

Percentage: \_\_\_\_\_

## ITIN Certification and Backup Withholding Information

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. Resident Alien). Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**Please mail this application to the following address:**

American Airlines Federal Credit Union, P.O. Box 619001, MD 2100, DFW Airport, Texas 75261-9001.

For branch locations and office hours, visit AACreditUnion.org or call (800) 533-0035.



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## Checking Account Closure Form

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### To whom it may concern:

Please close account number: \_\_\_\_\_ and send a check for the remaining balance to the address listed below:

Name: (Please print.) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

If you have any questions concerning this request, please call me at: \_\_\_\_\_

### I hereby authorize the closure of my account:

Primary Owner Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Joint Owner Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_