

MD 2100, P.O. Box 619001
 DFW Airport, TX 75261-9001
 AACreditUnion.org
 (800) 533-0035

Funds-Transfer Request

| For Credit Union Use ONLY |
|-------------------------------|
| Branch Teller ID/Initials |
| Wire Dept. Teller ID/Initials |
| Wire Dept. Teller ID/Initials |
| Manager/Officer Approval |

Domestic (Consumer and Business Accounts) International (Business Accounts Only)

| Sender Information | | (Member sending the funds) PLEASE PRINT LEGIBLY OR TRANSFER MAY BE DELAYED. | |
|--------------------------------------|--|---|--|
| Member/Business Name | | | |
| Member Account Number and Share Type | | | |
| Member Address | (P.O. Box not acceptable. Must include physical street address, city, state, ZIP and country.) | | |
| Daytime Phone Number | | Email Address | |

| Transfer Details | |
|---|--|
| Amount of Transfer | |
| Funds-Transfer Reference Special instructions to recipient | |
| Reason for Transfer "Personal/Gift" is not a valid reason | |

| Beneficiary Information | | (Individual receiving the funds) PLEASE PRINT LEGIBLY OR TRANSFER MAY BE DELAYED. | |
|--|--|---|--|
| Beneficiary Name Receiver's name as it appears on account | | | |
| Beneficiary Phone Number | | | |
| Beneficiary Address | (P.O. Box not acceptable. Must include physical street address, city, state, ZIP and country.) | | |
| Beneficiary Bank Name/Address | | | |
| Beneficiary Routing Number | | Account Number | |

| Additional Information for International Funds Transfers (Business Accounts Only) | |
|---|--|
| Beneficiary Correspondent Bank | |
| Beneficiary Bank SWIFT Code | |
| Beneficiary Account IBAN | |

Fax completed form to (866) 271-2498, Attn: Wire Department. If this form was not submitted in person at our branch, a representative will call to verify after reviewing your funds-transfer form. The phone number you provide must match the phone number we currently have on file or the transfer will be delayed. Refer to our Truth in Savings Rate and Fee Schedule for fees associated with this transaction. Transaction may be subject to Regulation D limitations when funds transfer not conducted in person. Date funds received will be disclosed at time of request.

I agree that any incomplete, inaccurate or illegible information listed on this form may result in the non-transfer of funds. Fedwire may be used to send the funds transfer. Regulation J is the law covering all Fedwire transactions. I agree that if I give American Airlines Federal Credit Union a payment order that identifies the recipient of the funds, by both name and account number, payment may be made by the recipient's bank on the basis of the bank account number, even if the number identifies a person different than the named recipient. Similarly, if I give the Credit Union a payment order that identifies an intermediary or receiving bank by both name and identifying number, a receiving bank may rely on the number as the proper identification, even if it identifies a different bank than named. American Airlines Federal Credit Union is not responsible for a liability incurred as a result of non-transfer of funds. I agree that this funds transfer will be conducted according to the Terms and Conditions of the Funds Transfer Agreement I previously executed.

Authorized Signature: _____ Date _____