

American Airlines Federal Credit Union Member Application and Account Modification



Complete and submit this application to any American Airlines Credit Union branch. Or, mail the application to the address below. New members should include the initial minimum deposit of \$6.00 (includes the one-time \$1.00 membership fee) by check or money order. (Do not mail cash.)

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

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

FOR OFFICE USE ONLY

Account # _____ Share ID _____

PRIMARY Owner Membership Eligibility (Choose option 1 or 2)

1 AIR TRANSPORTATION INDUSTRY AFFILIATION: I am <input type="checkbox"/> Employee <input type="checkbox"/> Retiree	
Company Name: _____ Employee #: _____	
2 FAMILY SPONSORSHIP:	
Sponsor Name _____ Sponsor Email on File or Phone Number _____	
Relationship to Sponsor: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Permanent Household Member	

PRIMARY Owner Information

☐ New Member ☐ Account Modification

Existing Account #: _____

First Name		Middle Name		Last Name	
SS#/ITIN		DOB (MM/DD/YY) / /		Gender (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/NA	
Physical Address (PO Boxes are not permitted)					Apt./Suite #
City		State	ZIP Code	Country	
Occupancy Status <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	Number of Years	Home Phone	Work Phone	Cell Phone	Preferred contact method <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email
Mailing Address (if different from physical street address)					
City		State	ZIP Code	Country	
Government-Issued ID/DL#	Issuing State/Country	Issue Date	Expiration Date	<input type="checkbox"/> Driver License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Resident Alien Card	
Citizenship (select one)		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-permanent Resident (W-8 BEN and ITIN required)			
What is your country of citizenship?					
Email Address				Mother's Maiden Name	
Employer		Occupation/Job		Monthly Income	Years Employed

JOINT Owner Information

☐ Add Joint Owner

☐ Remove Joint Owner

Share ID(s) _____

☐ All shares

First Name		Middle Name		Last Name	
SS#/ITIN		DOB (MM/DD/YY) / /		Gender (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/NA	
Physical Address (PO Boxes are not permitted)					Apt./Suite #
City		State	ZIP Code	Country	
Occupancy Status <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	Number of Years	Home Phone	Work Phone	Cell Phone	Preferred contact method <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email
Mailing Address (if different from physical street address)					
City		State	ZIP Code	Country	
Government-Issued ID/DL#	Issuing State/Country	Issue Date	Expiration Date	<input type="checkbox"/> Driver License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Resident Alien Card	
Citizenship (select one)		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-permanent Resident (W-8 BEN and ITIN required)			
What is your country of citizenship?					
Email Address		Mother's Maiden Name		Relationship to Primary Owner	
Employer		Occupation/Job		Monthly Income	Years Employed

Primary Share/Savings Deposit (Required for Membership) ☐ Add

\$ Funds deposited: \$6.00 minimum (includes one-time \$1.00 membership fee)

☐ Single Account ☐ Joint Account

Additional Share/Savings ☐ Add

\$ Funds deposited Share ID:

☐ Single Account ☐ Joint Account ☐ Emergency Fund Savings Account

\$ Funds deposited Share ID:

☐ Single Account ☐ Joint Account ☐ Emergency Fund Savings Account

To fund above accounts:

☐ Cash/Check

☐ Transfer from American Airlines Credit Union Account:

☐ Transfer funds from other financial institution:

Account Type: Name on Account:

Account Number: Bank Routing #:

Bank Name: Bank State:

Checking ☐ Add

\$ Funds deposited

☐ Priority Checking ☐ Single Account ☐ Joint Account Share ID:

☐ Ascend Checking ☐ Single Account ☐ Joint Account Share ID:

☐ Flagship Checking ☐ Single Account ☐ Joint Account Share ID:

☐ uChecking (ages 13-25) ☐ Joint Account (ages 13-18 require joint) Share ID:

Visa® Debit Card ☐ Add

A checking account is required and cardholder(s) must be on the account. Visa Debit Card will access checking and primary share accounts. If opening a share savings account only, an ATM card will be provided.

☐ Primary Owner ☐ Joint ☐ Both

Overdraft Protection ☐ Add

☐ I would like to open an Overdraft Protection Loan!
(In case of overdraft, transfer funds from these accounts with number 1 being my Overdraft Protection Loan, and numbers 2 (or 2 and 3) my next choice(s) in my order of preference.)

1 Overdraft Protection Loan

Primary Share (Savings)*

Other Jointly Owned Share (Savings)* Account #:

*Limits up to \$2,000. Must qualify. See Membership and Account Agreement booklet and LoanLiner Addendum for more information regarding Overdraft Protection Loan.

*Please see Truth-In-Savings Rate & Fee Schedule for applicable fees.

Beneficiary for Payable on Death (P.O.D.) ☐ Add ☐ Modify ☐ Remove

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). **This form has space for four P.O.D. payees.**

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.

Name of Beneficiary(ies)	Physical Address (No P.O. Boxes)	SS#/ITIN	DOB	Relationship to Primary Owner	Share Suffix	%
(1)			/ /			
(2)			/ /			
(3)			/ /			
(4)			/ /			

How did you hear about us?

☐ Credit Union Event/Presentation ☐ New Hire Class/Presentation ☐ Word of mouth ☐ Credit Union Coordinator ☐ Online/Social Media ☐ Other

If referred by existing member, provide info below:

Referring Members Name:

Referring Members Email on file: Refer-A-Friend Code:

PROMO CODE:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A 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 license or other identifying documents.

Signature

By my signature below, I acknowledge receipt of your Membership and Account Agreement 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 in the American Airlines Federal Credit Union, I authorize the Credit Union to obtain and use credit reports and verify my employment history in connection with this account application and for the purpose of considering me for additional financial products and services both now and in the future. I also agree to subscribe for at least one share.

TIN 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 (TIN) (or I am waiting for a number to be issued to me); and (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. citizen or other U.S. person (as defined in IRS form W-9 instructions); and (4) I am exempt from FATCA reporting. Certification instructions: You must 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. If you are not a U.S. citizen, cross out item 3 and contact the Credit Union for instructions (a W-8 BEN form will need to be completed).

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

PRIMARY Owner

Signature Date

JOINT Owner

Signature Date

PRIMARY AND JOINT USERS MUST SIGN. MISSING INFORMATION MAY DELAY PROCESSING. The Credit Union reserves the right to refuse the form if verbiage has been altered.

American Airlines Credit Union and the Flight Symbol are marks of American Airlines, Inc.

Federally insured by NCUA

07/2024