

For Office Use Only	Representative	Date
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Check Stop Payment Request
Declaration of Loss for Lost, Stolen, Destroyed Cashier's Check
Fax the completed form to (877) 310-2242
Or mail to: American Airlines Federal Credit Union, Attn: Check Processing
P.O. Box 619001, DFW Airport, TX 75261-9001

Name:	Account Number: (if applicable)	Date:
Check One: <input type="checkbox"/> Account Owner <input type="checkbox"/> Payee (Cashier's Check Only)		
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:
Stop Payment <input type="checkbox"/> Personal Check <input type="checkbox"/> Lost or Stolen <input type="checkbox"/> Other _____ <input type="checkbox"/> Remotely Created Check <input type="checkbox"/> Debit not authorized to the Payee. <input type="checkbox"/> Cashier's Check Not Received		Declaration of Loss for Lost, Stolen, or Destroyed Cashier's Check <input type="checkbox"/> Cashier's Check (please mark the appropriate reason) <input type="checkbox"/> The check was received but was lost prior to deposit. <input type="checkbox"/> The check was destroyed/mutilated (presentment of check may be required). <input type="checkbox"/> The check is stolen/in wrongful possession.	
<p><u>Stop Payment Request/Declaration of Loss</u> By my signature below, I certify that I am the rightful Account Owner or Payee named above and (i) I hereby request American Airlines Federal Credit Union ("Credit Union") to stop payment on the check(s) described herein or (ii) I submit this Declaration of Loss for the lost, stolen, or destroyed Cashier's Check(s) described herein. I understand and agree that this Stop Payment Request ("Request") or Declaration of Loss ("Claim") shall not be enforceable unless it is received at a time and in a 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 and I may be required to present reasonable personal identification. I have received no benefit or value, directly or indirectly, from any check listed in this Request or Claim. The statements herein are voluntary and true and are made for the purpose of establishing the facts contained herein. If requested, I will testify, declare, depose or certify to the truth of any or all of the statements made herein 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 are alleged to have forged, altered, or stolen the check for which this Request or Claim is made.</p> <p><u>For Stop Payment of Personal or Remotely Created Check or Cashier's Check Not Received</u> The Credit Union will use reasonable efforts to stop payment of a Personal or Remotely Created check, but if payment occurs and the Credit Union has used ordinary care and followed its usual practices, the Credit Union shall not be liable. For Personal and Remotely Created Checks, this Request will be in effect for a period of six months unless I renew it in writing within that time or I revoke this Request. For a Cashier's Check, this Request is subject to approval, and it is solely the Credit Union's decision to stop payment of the check. This Request is conditional and is subject to the Credit Union's verification that the check has not already been paid or that some other action to pay the check has not been taken. The Credit Union will not be responsible if it is unable to stop payment of a Personal or Remotely Created Check due to the errors of any other depository institution or third party. The Credit Union will not be liable for payment of any Personal or Remotely Created check described herein unless the payment causes a loss to me, and in any event and subject to applicable law, the Credit Union's liability will not exceed the amount of the check. I will promptly notify the Credit Union upon the issuance of any duplicate Personal check that replaces the Personal check subject to this Request, or upon return of the original Personal check, or if I revoke this Request. Subject to applicable law, I will indemnify and hold the Credit Union harmless for any loss it sustains in honoring this Request. For Personal and Remotely Created Checks, this Request is subject to additional terms as set forth in the Membership and Account Agreement. I will pay applicable stop payment fees as set forth in the Credit Union's Fee Schedule.</p> <p><u>For Declaration of Loss for Lost, Stolen, or Destroyed Cashier's Check</u> I declare under penalty of perjury: I am the remitter or the payee of the check. I was in possession of the check but lost possession of the check. I cannot reasonably obtain possession of the check because (i) its whereabouts cannot be determined, (ii) it was destroyed, or (iii) it is in the wrongful possession of an unknown person or a person that cannot be found or is not amenable to service of process. Any loss of possession of the check was not the result of a transfer by me or lawful seizure. This Claim becomes enforceable at the later of the date this Claim is asserted or the 90th day following the date of the check. If, after the Claim becomes enforceable and the Credit Union pays the check amount to me, the check is presented for payment by a person having rights of a holder in due course, I agree that I am obligated to (a) refund the Credit Union if it pays the check, or (b) pay the check amount to the person having the rights of a holder in due course if the Credit Union dishonors the check. If the check is found, I will immediately return it to the Credit Union. This Claim is subject to Texas Business and Commerce Code Section 3.312.</p>			
_____ Account Owner's Signature and Date		_____ Payee's Signature and Date	