

Financial Wellness Program Agreement

This is a free service offered by American Airlines Federal Credit Union to our members. A member must complete a Financial Wellness Program Agreement in order to have an appointment scheduled with a Financial Wellness Coach/Advocate by phone or in person. If you are submitting a joint application, we recommend the co-applicant attend the private and confidential session with you. If you have any questions, you may contact us at (833) FIN-WELL (346-9355) or by email at FinancialWellness@AACreditUnion.org.

Application Process:

- 1) Complete both pages of this Financial Wellness Program Agreement.
- 2) Review and sign.
- 3) Submit this form with a **copy of your pay stub** by fax to (800) 482-9039, or by email to FinancialWellness@AACreditUnion.org.

Upon receipt of the completed form, a representative from the Financial Wellness Department will contact you within two business days to schedule an appointment.

APPLICANT

Name: _____
 Date of Birth: _____
 Address: _____
 City/State/ZIP: _____
 Telephone: _____
 Email: _____
 Number of Dependents & Ages: _____

CO-APPLICANT

Name: _____
 Date of Birth: _____
 Address: _____
 City/State/ZIP: _____
 Telephone: _____
 Email: _____
 Number of Dependents & Ages: _____

PERSONAL FINANCIAL GOALS

Please check one of the following:

- Credit checkup Establish a savings/spending plan Pay off debt Prepare for a mortgage

Please list any additional goals:

I/We authorize American Airlines Federal Credit Union to obtain consumer credit reports on me/us in connection with this application. Additionally, I/we authorize the Credit Union to obtain from SavvyMoney® my aggregate credit score and report data on an ongoing basis. I understand that I may revoke this authorization at any time by contacting the Financial Wellness Department by calling (833) FIN-WELL or emailing FinancialWellness@aacreditunion.org.

Applicant's Printed Name: _____ Account# or SSN: _____

Applicant's Signature: _____

Co-Applicant's Printed Name: _____ Account# or SSN: _____

Co-Applicant's Signature: _____

Date: _____

Federally insured by NCUA

SavvyMoney is a trademark of SavvyMoney, Inc.
 American Airlines Credit Union and the Flight Symbol are marks of American Airlines, Inc.

HOW DID YOU HEAR ABOUT US

<input type="checkbox"/> Branch Referral <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Credit Union Event <input type="checkbox"/> Credit Union Seminar	<input type="checkbox"/> Credit Union Letter <input type="checkbox"/> Internet/cent\$™ magazine <input type="checkbox"/> Loan Denial <input type="checkbox"/> Other: _____
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Note: The information below should be completed when wanting to review a Spending Plan.

Spending Plan & Creditor Information Sheet						
Please clearly print all creditor info.						
Due Date	Monthly Bills	Monthly Payment	Creditor Name	APR %	Balance	Monthly Payment
	Savings					
	Mortgage/Rent					
	Groceries					
	Cellphone/Land line					
	Electric					
	Water					
	Gas (home)					
	Cable/DSL/Internet					
	Auto Insurance					
	Gasoline (auto)					
	Maintenance					
	Car Payments					
	Toll Tags					
	Prescriptions					
	Life Insurance					
	Daycare/Child Care					
	Dry Cleaning/Laundromat					
	Clothing Purchases					
	Pets					
	Entertainment (i.e. Dining out)					
	Hair/Haircuts					
	Health Club					
	Donations					
	Gifts					
	Other					
	Other					
	Total Expenses			Total		
	Net Pay					
	Second Income Net Pay					
	Left Over					