For Office Use only		
	Representative	Date

American Airlines Credit Union

ACH AUTHORIZATION AGREEMENT FORM
(For setting up RECURRING payments ONLY)

This authority is to remain in full force and effect until American Airlines Federal Credit Union (Credit Union) has received written notification from me (or either of us) of its termination in such time and manner as to afford the Credit Union a reasonable opportunity to act on it. I/We agree to be bound by the rules governing automated transfers and acknowledge that entries may not be initiated that violate the laws of the United States. I also authorize any credit entries and adjustments necessary for debit entries made in error to my account and authorize the named institution to honor same.

☐ I/We authorize the Credit Union to Send Funds to another financial institution.
☐ I/We authorize the Credit Union to Remove Funds from another financial institution.
☐ I/We authorize the Credit Union to make Change(s) indicated below to current electronic transfer.
☐ I/We authorize the Credit Union to Cancel a Credit Union initiated transaction.

American Airlines Credit Union Information:

Account Owner's Name(s)	Account Number	Share ID	Loan ID
Account Owner's Signature	**Date**	**Daytime Phone Number**	

Types of Account   ☐ *Checking*   ☐ *Loan*   ☐ **Savings*   **(Note: After six transfers within the same month, withdrawal request will be cancelled)*

Other Financial Institution's Information:

Financial Institution Name	Routing & Transit / ABA Number
Account Owner's Name(s)	Account Number
Account Owner's Signature	**Date** **Daytime Phone Number**

Types of Account   ☐ *Checking*   ☐ *Savings*   ☐ *Loan*   *Please attach a voided check or loan coupon*

Transaction Information:

Amount $	Frequency: please only check one	For Dividend Transfer to other financial institution from:
Transaction Date(s)	☐ Weekly (Monday – Friday) ☐ Bi-Weekly (Monday – Friday) ☐ Semi-Monthly (2 dates required) ☐ Monthly ☐ Quarterly	☐ Savings ☐ IRA ☐ Share Certificate
Beginning Date ___ Month ___ Day ___ Year		**NOTE**: Frequency for Savings/IRA is monthly and quarterly for Share Certificates.

Request to Make Change(s) to Current ACH Transfers:

Account Type at: ☐ Credit Union ☐ Other institution Change To: ☐ Checking ☐ Savings ☐ Loan	Account Number Change: **From (old):** **To (new):**	Transfer Amount: From (old): $ To (new): $	Transfer Date: From (old): To (new):	Frequency: please only check one ☐ Weekly (Monday-Friday) ☐ Biweekly (Monday-Friday) ☐ Semimonthly (2 dates required) ☐ Monthly ☐ Quarterly

Request to Cancel a Credit Union Initiated Transaction:

ACH transfer From/to _____ Bank Name	In the amount of $ _____	Date of Transfer _____

Please allow three (3) business days for processing cancellations and ten (10) business days for all other requests.

Note: If you are authorizing the Credit Union to transfer funds from another financial institution and the normal transaction date is a Saturday, Sunday or banking holiday, the credit will be made the banking day **following** the normal transaction date. If the transaction amount exceeds $5,000, additional security measures will be followed to verify the identity of the account owner before the transfer is submitted. If you are authorizing the Credit Union to send funds to another financial institution and the normal transaction date is Saturday, Sunday or banking holiday, the credit will be made the banking day **prior** to the normal transaction date. If your account balance is insufficient at the time of transfer, the funds will be debited from your account and the account will be overdrawn if necessary.

Fax or email completed form to: (866) 263-9356, directpayments@aacreditunion.org

Federally insured by NCUA
American Airlines Credit Union and the Flight Symbol are marks of American Airlines, Inc.