

For Office Use only	_____	_____
	Representative	Date



BUSINESS 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 the Company of its termination in such time and manner as to afford the Credit Union a reasonable opportunity to act on it. The Company agrees to be bound by the rules governing automated transfers, the Business Services ACH Agreement and acknowledge that entries may not be initiated that violate the laws of the United States. On behalf of the Company, I/We 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:

Company's Name(s)		Account Number	Share ID	Loan ID	Date
Company Authorized Signer Name	Company Authorized Signer Signature		Company Phone Number		Alternative Phone Number
Types of Account <input type="checkbox"/> Loan <input type="checkbox"/> Checking <input type="checkbox"/> 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 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan Please attach a voided check or loan coupon					

Transaction Information:

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

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

Account Type at: <input type="checkbox"/> Credit Union <input type="checkbox"/> Other institution	Account Number Change: From (old): _____ To (new): _____	Transfer Amount: From (old): \$ _____ To (new): \$ _____	Transfer Date: From (old): _____ To (new): _____	Frequency: please only check one <input type="checkbox"/> Weekly (Monday-Friday) <input type="checkbox"/> Biweekly (Monday-Friday) <input type="checkbox"/> Semimonthly (2 dates required) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Change To: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan				

Request to Cancel a Credit Union Initiated Transaction:

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

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 \$10,000, 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 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 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