

## Credit Education Department Agreement

This is a free service offered by American Airlines Federal Credit Union to our members. A member must complete a Credit Education Application in order to have an appointment scheduled with a counselor 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 (800) 533-0035, Ext. 4361 or (817) 952-4361 or by email at [CreditEducation@AACreditUnion.org](mailto:CreditEducation@AACreditUnion.org).

### Application Process:

- 1) Complete both pages of this Credit Education Application.
- 2) Review and sign.
- 3) Submit this form with a copy of your pay stub by fax to (800) 482-9039, by email to [CreditEducation@AACreditUnion.org](mailto:CreditEducation@AACreditUnion.org) or, mail to:

American Airlines Credit Union  
 Credit Education Department  
 P.O. Box 619001  
 MD 2100  
 DFW Airport, TX 75261-9001

Upon receipt of the completed form, a representative from the Credit Education 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 at least one of the following:

- Establish credit    
  Establish an emergency Fund    
  Establish a spending plan  
 Prepare for a mortgage    
  Credit checkup

Please list any additional goals: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/We authorize American Airlines Credit Union to obtain consumer credit reports on me/us in connection with this application for credit counseling.

Applicant's Printed Name: \_\_\_\_\_ Account# or SSN: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

Co-Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Spending Plan & Creditor Information Sheet

Please clearly print all creditor information.

Due Date	Monthly Bills	Monthly Payment	Creditor Name	APR%	Balance	Monthly Payment
	Savings					
	Mortgage/Rent					
	Groceries					
	Cell Phone/Land line					
	Electric					
	Water					
	Gas					
	Life Insurance					
	Prescriptions					
	Maintenance					
	Auto Insurance					
	Gasoline					
	Clothing Purchases					
	Health Club					
	Dry Cleaning/Laundromat					
	Cable/DSL/Internet					
	Entertainment					
	Hair/Haircuts					
	Car Payments					
	Toll Tags					
	Daycare/Child Care					
	Donations					
	Gifts					
	Pets					
	Tuition/Books/Subscriptions					
	Other					
	Other					
	<b>Total Expenses</b>			<b>Total</b>		
	<b>Net Pay</b>					
	<b>2<sup>nd</sup> Income Net Pay</b>					
	<b>Left Over</b>					