

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.

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 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:

- | | | |
|---|---|--|
| <input type="checkbox"/> Establish credit | <input type="checkbox"/> Establish a savings | <input type="checkbox"/> Establish a spending plan |
| <input type="checkbox"/> Pay off debt | <input type="checkbox"/> Prepare for a mortgage | <input type="checkbox"/> 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: _____

HOW DID YOU HEAR ABOUT US

<input type="checkbox"/> Branch Referral <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Event/Seminar <input type="checkbox"/> Credit Union Letter	<input type="checkbox"/> Internet/CENTS magazine <input type="checkbox"/> Loan Denial <input type="checkbox"/> Other: _____
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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					
	Total Expenses			Total		
	Net Pay					
	2nd Income Net Pay					
	Left Over					