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|------------------------|----------------------|------------|
| For Office Use only | Representative _____ | Date _____ |
|------------------------|----------------------|------------|

BUSINESS ACH AUTHORIZATION AGREEMENT FORM

This authority is to remain in full force and effect until American Airlines Federal Credit Union has received written notification from the Company of its termination in such time and in such 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. **Please allow three (3) business days for processing stop payments and ten (10) business days for all other requests.**

- 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 Stop Payment on an ACH 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"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan | | | | | |

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 <i>Please attach a voided check or loan coupon</i> | | | |

Transaction Information: (if transferring to a loan, the transaction will stop when loan is paid in full)

| | | |
|---|--|--|
| 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 place a Stop Payment on an ACH Transaction:

| | | |
|--|---------------------------|---|
| ACH transfer from/to _____ Bank/Company Name | In the amount of \$ _____ | Date of Transaction _____ |
| Is this Stop payment order for all future payments? <input type="checkbox"/> Yes <input type="checkbox"/> No | | A \$25.00 Stop Payment Fee will be charged to your account for transactions initiated by another company other than the Credit Union. |

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 recalled and your account will be charged the NSF fee currently in effect.

Fax Completed Form to: (866) 263-9356