

CHANGE OF ADDRESS FORM

Please fax or mail this form to:

American Airlines Federal Credit Union
 MD2100, P.O. Box 619001
 DFW Airport, TX 75261
 Fax: (866) 454-8151

Check one <input type="checkbox"/> United States <input type="checkbox"/> International		Account Number	
		Date New Address in Effect	
Your Name	Print or Type - Last Name, First Name, Middle Initial	E-mail Address	
Old Address	No. and Street. Apt#, P.O. Box or R.D. No.		
	City	State/Province	ZIP/Postal Code/Country
Mailing Address	No. and Street. Apt#, P.O. Box or R.D. No.		
	City	State/Province	ZIP/Postal Code/Country
Physical Address	No. and Street. Apt#, P.O. Box or R.D. No.		
	City	State/Province	ZIP/Postal Code/Country
Signature			New Area Code and Telephone #

**The address cannot be changed to a P.O. Box unless a physical address is provided.
 For your protection, all signatures will be verified before changing the address.**