

# American Airlines Federal Credit Union Member Application and Account Modification



Complete and submit this application to any American Airlines Credit Union branch. Or, mail the application to the address below. New members should include the initial minimum deposit of \$6.00 (includes the one-time \$1.00 membership fee) by check or money order (do not mail cash).

To apply online, please visit [Join.AACreditUnion.org](http://Join.AACreditUnion.org).

## FOR OFFICE USE ONLY

Account # \_\_\_\_\_ Share ID \_\_\_\_\_

### PRIMARY Owner Information New Member Account Modification

Existing Account Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  Female  Male

Physical Street Address: \_\_\_\_\_ Apt/Suite \_\_\_\_\_  
(No P.O. Boxes)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Rent  Own Number of years: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from physical street address)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS#/ITIN: \_\_\_\_\_

Government-Issued ID/Driver's License #: \_\_\_\_\_

Issuing State/Country: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License  State ID  Passport  Resident Alien Card

Citizenship (select one):

- U.S. Citizen
- Permanent Resident  
 Non-permanent Resident (requires W-8 BEN and ITIN)  
What is your country of citizenship? \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cellphone: (\_\_\_\_\_) \_\_\_\_\_

Which is your preferred contact phone number?:  Home  Work  Cell

Email Address: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

### Primary Owner Eligibility Information

I am eligible to join American Airlines Credit Union in one of the following ways:

- I am  an employee  a retiree of American Airlines Group:  
Employee Number \_\_\_\_\_  
 American Airlines  Envoy  Piedmont  PSA Airlines
- I am  an employee  a retiree of the Air Transportation Industry.  
Company Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_
- I am a family or permanent household member of a current American Airlines Credit Union member. Please indicate relationship to sponsor member:  
 Spouse  Child  Grandchild  Sibling  Parent  Grandparent  Permanent Household Member

Sponsor Member's Name: \_\_\_\_\_

Sponsor Member's Email on File: \_\_\_\_\_

### Employer Information (Of Primary Owner)

Employer: \_\_\_\_\_

Occupation/Job Title: \_\_\_\_\_

Gross Income: \_\_\_\_\_ Years Employed: \_\_\_\_\_

### JOINT Owner Information Add Joint Owner Remove Joint Owner

**(Joint owner must be within American Airlines Credit Union field of membership and must sign the application.)**

Existing Account Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  Female  Male

Physical Street Address: \_\_\_\_\_ Apt/Suite \_\_\_\_\_  
(No P.O. Boxes)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Rent  Own Number of Years: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS#/ITIN: \_\_\_\_\_

Government-Issued ID/Driver's License #: \_\_\_\_\_

Issuing State/Country: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License  State ID  Passport  Resident Alien Card

Citizenship (select one):

- U.S. Citizen
- Permanent Resident  
 Non-permanent Resident (requires W-\* BEN and ITIN)  
What is your country of citizenship? \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cellphone: (\_\_\_\_\_) \_\_\_\_\_

Which is your preferred contact phone number?:  Home  Work  Cell

Email Address: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Relationship to Primary Account Owner: \_\_\_\_\_

### Employer Information (of Joint Owner)

Employer: \_\_\_\_\_

Occupation/Job Title: \_\_\_\_\_

Gross Income: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Join on:  Share/Savings  Checking Share ID: \_\_\_\_\_ Share ID: \_\_\_\_\_

Share ID: \_\_\_\_\_ Share ID: \_\_\_\_\_

## Primary Share/Savings Deposit (Required for Membership) Add Modify

\$ \_\_\_\_\_ Funds deposited: \$6.00 minimum (includes one-time \$1.00 membership fee)

Single Account  Joint Account

## Additional Share/Savings Add Modify Remove

\$ \_\_\_\_\_ Funds deposited Share ID: \_\_\_\_\_

Single Account  Joint Account  Emergency Fund Savings Account

## Checking Add Modify Remove

\$ \_\_\_\_\_ Funds deposited

Priority Checking  Single Account  Joint Account Share ID: \_\_\_\_\_

Ascend Checking  Single Account  Joint Account Share ID: \_\_\_\_\_

Flagship Checking  Single Account  Joint Account Share ID: \_\_\_\_\_

uChecking (ages 13-25)  Joint Account (ages 13-18 require joint) Share ID: \_\_\_\_\_

To fund above accounts:

Cash/Check

Transfer from American Airlines Credit Union Account: \_\_\_\_\_

Transfer funds from other financial institution:

Account Type: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank State: \_\_\_\_\_

## Visa® Debit Card Add Modify Remove

A checking account is required and cardholder(s) must be on the account. Visa Debit Card will access checking and primary share accounts. If opening a share savings account only, an ATM card will be provided.

Primary Owner  Joint  Both

## Overdraft Protection Add Modify Remove

I would like to open an Overdraft Protection Loan!  
(In case of overdraft, transfer funds from these accounts with number **1** being my Overdraft Protection Loan, and numbers **2** (or **2** and **3**) my next choice(s) in my order of preference.)

\_\_\_\_ **1** Overdraft Protection Loan

\_\_\_\_ Primary Share (Savings)\*

\_\_\_\_ Other Jointly Owned Share (Savings)\* Account #: \_\_\_\_\_

Share ID: \_\_\_\_\_

\*Limits up to \$2,000. Must qualify. See Membership and Account Agreement booklet and LoanLiner Addendum for more information regarding the Overdraft Protection Loan.

\*Please see Truth-In-Savings Rate & Fee Schedule for applicable fees.

## Beneficiary for Payable on Death (P.O.D.)

P.O.D. ACCOUNT AGREEMENT: I/We agree with the Credit Union that the person(s) named below is/are designated (a) P.O.D. payee(s). Upon my death (the death of the last survivor of us), all such funds shall be owned and payments shall be made at the request of any surviving P.O.D. payee(s). This form has space for two P.O.D. payees. **Additional P.O.D. payee(s) can be designated and attached to the document.**

By not designating a specific account for the names listed below, the names will be used for all your Credit Union accounts except for IRAs and Trust Accounts. If the total percentage does not equal 100%, the percentage will be adjusted pro-rata to 100%. If no percentage is selected and more than one P.O.D. payee is indicated, beneficiaries will share equally. This form is incorporated as a part of your Account Agreement with American Airlines Federal Credit Union. Your P.O.D. may not be an owner of the account.

Add  Modify  Remove

**1.**  Primary Share  Additional Share  Checking  ALL Share ID: \_\_\_\_\_

P.O.D. Payee's Full Name: \_\_\_\_\_

Individual  Non-Individual

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS#/ITIN: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(No P.O. Boxes)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Relationship to Primary Owner: \_\_\_\_\_ Percentage: \_\_\_\_\_

## Beneficiary for Payable on Death (P.O.D.) cont'd.

Add  Modify  Remove

**2.**  Primary Share  Additional Share  Checking  ALL Share ID: \_\_\_\_\_

P.O.D. Payee's Full Name: \_\_\_\_\_

Individual  Non-Individual

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS#/ITIN: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(No P.O. Boxes)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Relationship to Primary Owner: \_\_\_\_\_ Percentage: \_\_\_\_\_

Attach additional sheet if adding more than two P.O.D. beneficiaries.

## How did you hear about us?

Credit Union Event/Presentation  New Hire Class/Presentation

Credit Union Coordinator  Word of Mouth

Online/Social Media  Other

Promo Code (if applicable): \_\_\_\_\_

If referred by existing member, provide info below:

Referring Members Name: \_\_\_\_\_

Referring Members Email on file: \_\_\_\_\_

Refer-A-Friend Code: \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money-laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

## Signature

By our signatures below as account owner and joint account owner (if applicable), we agree that all funds deposited into the account opened, including any earnings thereon, shall be owned by us jointly with right of survivorship. On the death of one party to the joint account, all sums in the account on the date of the death vest in and belong to the surviving party or parties as his or her separate property and estate. By my signature below, I acknowledge receipt of your Membership and Account Agreement booklet and have read all appropriate Disclosure Statements and Agreements. I agree to be bound by the terms and conditions set forth in your Account Agreement: I agree to conform to the Credit Union's Rules, Regulations, Bylaws and Policies now in effect and as amended or adopted hereafter; and I agree to pay any charges or fees which may be required or assessed under such Rules, Regulations, Bylaws and Policies.

By applying for membership in the American Airlines Federal Credit Union, I authorize the Credit Union to obtain and use credit reports and verify my employment history in connection with this account application and for the purpose of considering me for additional financial products and services both now and in the future. I also agree to subscribe for at least one share.

## TIN Certification and Backup Withholding Information

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (as defined in IRS form W-9 instructions), and (4) I am exempt from FATCA reporting. Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you are not a U.S. person, cross out item 3 and contact the credit union for instructions (a W-8 BEN form will need to be completed).

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

## PRIMARY Owner

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

## JOINT Owner For joint account(s), ensure joint information is completed.

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

PRIMARY AND JOINT OWNERS MUST SIGN.  
MISSING INFORMATION MAY DELAY PROCESSING.

The Credit Union reserves the right to refuse the form if verbiage has been altered. American Airlines Credit Union and the Flight Symbol are marks of American Airlines, Inc. Federally insured by NCUA