P.O. Box 619001, MD2100
DFW Airport, Texas
75261-9001
(800) 533-0035
AACreditunion.org

For Office Use Only _____
Representative Date

American Airlines Credit Union

ACH Stop Payment Authorization Form

Fax the *completed* form to (866) 263-9356
Or mail to: American Airlines Federal Credit Union, Attn: ACH Department
P.O. Box 619001, DFW Airport, TX 75261-9001

Name:	Account Number:	Date:
Address:	City, State, ZIP:	Phone Number:

ACH (for stopping ACH entries ***NOT*** originated by the Credit Union)

Date:	Company Name:	Expected Date of Transaction:	Expected Amount:

Reason for Stop Payment _____

Select one of the following: ☐ **One-Time Stop Payment Request** ☐ **Stop All Future Payments to Company**

Authorization to Stop Payment

A stop payment order for Consumer ACH transactions will remain in effect until the earlier of:

- The withdrawal of the stop payment order by the account owner; or
- The return of the debit Entry subject to the stop payment order, or, where a stop payment order applies to more than one debit Entry relating to a specific authorization involving a specific Originator, the return of all such debit Entries.

A stop payment order for Corporate ACH transactions will remain in effect until the earlier of:

- The withdrawal of the stop payment order by the account owner; or
- The return of the debit Entry subject to the stop payment order; or,
- **Six months from the date of the stop payment order, unless renewed in writing.**

For stop payment of single Entries, the Credit Union must be notified in a time and manner as to allow a reasonable time to act on the order or we will not be responsible if we are unable to stop payment. For stop payment of preauthorized recurring Entries, the Credit Union must be notified at least three business days before the scheduled date of the recurring Entry or we will not be responsible if we are unable to stop payment. By signing this Authorization, I direct the Credit Union to stop payment of the Entry(ies) as indicated above and agree to defend, indemnify and hold the Credit Union harmless from any and all claims, damages or costs made or incurred as a result of its refusal to pay the item described above.

I further agree to pay the applicable stop payment fees as disclosed in the Credit Union's consumer or business Rate and Fee Schedule, as applicable. I further agree to all other terms and conditions of the Credit Union's Membership and Account Agreement or Business Membership and Account Agreement, as applicable.

_____
Account Owner's Signature Date