

Arbitration and Waiver of Class Action Opt-Out Form

This request must be received by end of business day Nov. 17, 2020, for existing account holders or within 45 calendar days of new membership account opening. Requests received outside of this deadline will not be honored and you will be bound by the terms of the Arbitration provision.

First Name: _____ Middle Initial: _____

Last Name: _____

Account number (nine digits): _____

I hereby request to opt out of the Arbitration provision with American Airlines Federal Credit Union.

Signature: _____ Date: _____

Please Note: Request will not be processed if account number is incorrect. Mail completed form to ATTN: Compliance Department at the address on the bottom left. Please allow up to five (5) business days to process.

P.O. Box 619001
MD 2100
DFW Airport, Texas 75261-9001
(800) 533-0035 Main
AACreditUnion.org

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