

AMERICAN AIRLINES EMPLOYEES FEDERAL CREDIT UNION

DEDUCTION AUTHORIZATION FOR AICA DUES

American Independent Cockpit Alliance, Inc.
P.O. Box 220670
St. Louis, MO. 63122-0670

To Whom It May Concern:

I am a member of the American Independent Cockpit Alliance, and I wish to pay my membership dues to that organization through automatic deduction from my American Airlines Employees Federal Credit Union (AAEFCU) account.

I authorize and direct you to credit and debit to the account specified below entries received by AAEFCU from AICA each month in an amount not to exceed \$152 per month. It is my understanding that no fees will be charged for this transfer and that AAEFCU will not debit any entry to my Account if such debit would create a negative balance in the Account.

I hereby agree to keep on deposit with AAEFCU sufficient funds to meet all my monthly obligations to the credit union, including any loan payments and, specifically, AICA dues payments.

I HEREBY RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS AAEFCU FROM ANY CLAIMS, LIABILITIES, COSTS, OR EXPENSES OF EVERY SORT AND DESCRIPTION RESULTING FROM OR IN ANY WAY CONNECTED TO SAID CREDITS AND DEBITS OR ANY ACTION, MATTER, OR THINGS DONE BY AAEFCU IN GOOD FAITH IN CONNECTION THEREWITH, WHETHER RESULTING FROM MISTAKES OR NEGLIGENCE OR OTHERWISE. AAEFCU SHALL HAVE NO LIABILITY OR RESPONSIBILITY WITH RESPECT TO ANY OTHER MATTER, INCLUDING WITHOUT LIMITATION, ANY ACT OR OMISSION BY AICA, ITS INDEPENDENT ADMINISTRATIVE SERVICES CONTRACTOR, MCCORMICK ADVISORY GROUP, OR ANY OTHER PERSON OR ENTITY. IN ANY CASE, AAEFCU SHALL HAVE NO LIABILITY FOR ANY CONSEQUENTIAL DAMAGES.

This authorization and agreement shall remain in effect until you receive written instructions from me or my representative to the contrary.

NAME _____
(please print)

AAEFCU ACCOUNT NO. _____ EMPLOYEE# _____

SIGNATURE _____ DATE _____