

Kinecta Checking Application

Bring this form to any Kinecta Member Service Center, or fax to 800.722.7980.

Checking Plus Free Checking

Please print

Name

Member#

Address

City, State, ZIP

E-mail address

I would like to have these added conveniences:

ATM & CheckCard Online Banking

Overdraft Protection from
 Savings Money Market Line of Credit
(Indicate order of preference)

Member Signature Date

E-mail Address

Joint Member* (optional) Social Security #

Joint Member Signature Date

* New joint owners must provide a valid state or U.S. Government-issued photo identification (photocopy accepted). As required by federal law, the Credit Union must verify the identity of each person seeking to open an account (including joint owners and signers) and must maintain records of the information used to verify each person's identity. I/We agree to conform to the Credit Union by-laws and the terms and conditions of the Agreements & Disclosures (Share Accounts, Truth in Savings, and Electronic Services).

Kinecta Direct Deposit Authorization

Submit this form to your employer or any company or organization that you want to automatically deposit funds into your Kinecta Checking account. Make additional copies if needed.

Please print

Name

Daytime Phone Number

ID Number (Payroll or Social Security Number)

I hereby authorize direct deposit of my paycheck /recurring payment to my Kinecta Checking Account. I have attached a copy of a voided Kinecta check for reference. Please make this change effective _____ (date).

NEW Financial Institution Information

Kinecta Federal Credit Union
Routing/Transit Number 322278073

Kinecta Account Number

Signature Date

Previous Financial Institution Information (if applicable)

Name of Financial Institution

Account Number

Street

City State ZIP

Request to Close Account

Send this form to your previous financial institution. Any remaining balance will be sent to your new Kinecta Checking Account.

Please print

Name of Financial Institution

Street

City State ZIP

Account Number

I hereby authorize the closure of my checking account. I have verified that all my outstanding checks have cleared, and all my previous direct deposits and automatic payments have been stopped.

Signature Date

Joint Owner Signature (if applicable) Date

Name

Daytime Phone Number

Joint Owner (if applicable)

Checking Account Number

Please mail balance to:

Kinecta Federal Credit Union
Attn: Account Services
P.O. Box 90668
City of Industry, CA 91715-0668
800.854.9846