



# ACCOUNT NUMBER CHANGE FORM

Old Account Number: \_\_\_\_\_ New Account Number: \_\_\_\_\_

*To be issued by Account Services*

**By submitting this request, the membership number will be changed and all Debit/ATM cards and checks will no longer be valid. Direct Deposit and/or Payroll Deductions will be returned "Account Closed," as well as any other ACH deposits and/or withdrawals.**

## TO BE COMPLETED BY PRIMARY MEMBER:

NAME	SOCIAL SECURITY NUMBER
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### REASON FOR ACCOUNT NUMBER CHANGE (PLEASE BE SPECIFIC):

- Identity theft/fraud
- Account information lost or stolen
- Personal information compromised
- To remove a joint owner
- Unauthorized account activity (please specify): \_\_\_\_\_

## NEW ACCOUNT OPTIONS (SELECT ALL THAT APPLY):

- Checks (fees may apply)  
 Style: \_\_\_\_\_ Number of boxes: \_\_\_\_\_ Beginning Check Number: \_\_\_\_\_  
 Name and address to appear on checks: \_\_\_\_\_
- ATM/Visa check card\*  
\*Cards linked to old account will automatically be closed. New cards will not be ordered unless requested.
- Transfer Bill Payment to new account
- New credit card (Visa or Mastercard) number

\_\_\_\_\_ I am aware that all Direct Deposits, Payroll Deductions, and other ACH transactions will be returned "Account Closed," and it is my responsibility to provide the new account information to my employer and/or other organizations.  
Initials

\_\_\_\_\_ I am aware that any joint owners or beneficiaries not listed in the attached Membership Application will not be included under the new membership number.  
Initials

\_\_\_\_\_ For memberships that are in trust; a new Certification of Trust has been completed in addition to the Membership Application.  
Initials

Primary Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION 1

## TO SUBMIT:

Please complete this form and the attached Membership Application and bring in to any Kinecta Member Service Center or mail (originals only) to 1440 Rosecrans Ave., P.O. Box 10003, Manhattan Beach, CA 90267-9935, Attn: Account Services

SECTION 2

## FOR CREDIT UNION USE:

Account Number Change Form and Membership Application were reviewed by:

Name: \_\_\_\_\_ Operator Number: \_\_\_\_\_ MSC: \_\_\_\_\_

Manager/Supervisor Approval:

\_\_\_\_\_  
Signature Operator Number Date

SECTION 3

**Forms should be submitted by fax to Account Services and originals forwarded to CU/42**

## SECTION 1 PRIMARY ACCOUNT HOLDER INFORMATION

LAST NAME <input type="checkbox"/> MS. <input type="checkbox"/> MR. <input type="checkbox"/> MRS.	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY #
DRIVER'S LICENSE #/ STATE	MOTHER'S MAIDEN NAME	DATE OF BIRTH
STREET ADDRESS:	CITY	STATE & ZIP
MAILING ADDRESS	CITY	STATE & ZIP
HOME PHONE #                      WORK/DAYTIME PHONE #	FAX	E-MAIL ADDRESS
EMPLOYER	PHONE #	

## SECTION 2 MEMBERSHIP ELIGIBILITY ▶ I am eligible to join Kinecta in one of the following ways:

- Employee of a Select Employer Group (SEG): Company Name \_\_\_\_\_
- Immediate Family Member: Member Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Household Member: Member Name \_\_\_\_\_
- Contract Labor Employee of \_\_\_\_\_
- Consumers Cooperative Society of Santa Monica, Inc. (Santa Monica Co-op)                      Co-op # \_\_\_\_\_

All applicants must provide a valid state or U.S. Government-issued photo identification. As required by federal law, the Credit Union must verify the identity of each person seeking to open an account (including joint owners) and must maintain records of the information used to verify each person's identity.

## SECTION 3 ACCOUNTS & SERVICE OPTIONS ▶ SAVINGS: A \$5.00 minimum savings account deposit is required for membership.

- CHECKING:  FREE     CHECKING PLUS     MONEY MARKET SAVINGS     KINECTA Visa® ATM/CHECKCARD     HOLIDAY ACCOUNT
- KINECTA PHONE (Voice Response)     OVERDRAFT (*indicate order*)    \_\_\_\_\_ SAVINGS    \_\_\_\_\_ MONEY MARKET    \_\_\_\_\_ PERSONAL LINE OF CREDIT
- \_\_\_\_\_ (initial here for Kinecta Phone)     CERTIFICATE: TERM \_\_\_\_\_

## SECTION 4 CERTIFICATION FOR TAXPAYER IDENTIFICATION NUMBER AND ACCOUNT AGREEMENT ▶ Under penalty of perjury, I certify that:

- A. **Certification for Taxpayer Identification:** Under penalty of perjury, I certify that: (1) the number on this form referenced above is my correct Social Security number/taxpayer identification number (TIN); (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 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 withholding; and (3) I am a U.S. person or resident alien. **Note: I must cross out item (2) above if I have been notified by the IRS that I am currently subject to backup withholding.**
- B. **Account Agreement:** I/We agree to conform to the Credit Union by-laws, the terms and conditions of the Application for Membership and Agreements & Disclosures (Share Accounts, Truth in Savings, and Electronic Services). I/We hereby apply for membership and authorize Kinecta Federal Credit Union to verify all the information supplied herein; and to verify my/our creditworthiness. **The Internal Revenue Service does not require consent to any provision of this document other than the certification required to avoid backup withholding.**

PRIMARY ACCOUNT HOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SECTION 5 JOINT OWNER INFORMATION (Check all that apply. Only accounts checked will be joint.) Savings Checking Certificate Money Market Holiday Account

LAST NAME <input type="checkbox"/> MS. <input type="checkbox"/> MR. <input type="checkbox"/> MRS.	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY #
DRIVER'S LICENSE #/ STATE	MOTHER'S MAIDEN NAME	DATE OF BIRTH
STREET ADDRESS	CITY	STATE & ZIP
HOME PHONE #	WORK/DAYTIME PHONE #	E-MAIL ADDRESS
JOINT OWNER SIGNATURE	DATE	

## SECTION 6 BENEFICIARY INFORMATION ▶

Pay-on-Death Provisions: In the event of my/our death, I/We hereby designate the following beneficiaries to share equally.

PAYEE #1	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #
PAYEE #2	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #
PAYEE #3	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #

## SECTION 7 FOR OFFICE USE ONLY

MEMBERSHIP OFFICER APPROVAL \_\_\_\_\_ REP# \_\_\_\_\_ OFFICE # \_\_\_\_\_ DATE \_\_\_\_\_