



ATM/CHECKCARD APPLICATION

Fax to : Electronic Funds Transfer Dept c/o Kinecta Federal Credit Union 310.643.2162 or 800.722.7980
 Mail to: Electronic Funds Transfer Dept c/o Kinecta Federal Credit Union 1440 Rosecrans Ave. Manhattan Beach, CA 90266
 OR RETURN TO A MEMBER SERVICE CENTER NEAR YOU

KINECTA VISA® CHECKCARD* Account Number _____

KINECTA ATM CARD** Social Security Number _____

NAME _____
 (please print) last first initial

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE WORK (_____) _____ HOME (_____) _____

Issue card to Joint Owner? Yes _____ No _____ (please initial)

JOINT OWNER _____
 (please print) last first initial

Retention or use of card is deemed to be my agreement to comply with the Credit Union rules and procedures governing use of the Automated Teller Machine and access card including Agreements and Disclosures and all future amendments. I understand I will receive the current Agreements and Disclosures upon receipt of my Kinecta ATM Card or Kinecta VISA® CheckCard. I understand the Kinecta ATM Card/Kinecta VISA® CheckCard remains the property of Kinecta Federal Credit Union and is to be returned immediately upon request.

I understand that if I select a Kinecta VISA® CheckCard, my Kinecta ATM Card will be deactivated 30 days after my VISA® CheckCard has been issued.

*** Kinecta VISA® CheckCard Liability Policy for Unauthorized Transactions**

I must report all lost or stolen Kinecta VISA® CheckCards immediately by calling 800.854. 9846 or 310. 643.5400, 24 hours a day. I agree to notify you immediately of the loss, theft or use without my permission of my Kinecta VISA® CheckCard. I may not be liable for the unauthorized use of my Kinecta VISA® CheckCard if I notify you of my lost or stolen Kinecta VISA® CheckCard within two (2) business days of discovery. This zero liability will apply provided I was not grossly negligent or fraudulent in handling my Kinecta VISA® CheckCard or Kinecta VISA® CheckCard number. If I notify you of my lost or stolen Kinecta VISA® CheckCard after two (2) business days, my liability for unauthorized Kinecta VISA® CheckCard transactions shall not exceed \$50.00. These provisions do not apply to Kinecta CheckCard ATM transactions conducted at VISA® or PLUS network ATMs.

**** Kinecta ATM Card Liability Policy for Unauthorized Transactions**

See current Agreements and Disclosures as amended from time to time.

All applications are subject to approval by Kinecta Federal Credit Union. My signature below acknowledges acceptance of the terms and conditions set forth above or contained in your Agreements and Disclosure Booklet.

Signature of Account Owner _____ Date _____

Signature of Joint Owner _____ Date _____

OFFICE USE ONLY

Date: _____ MSC Name _____ MSC# _____

Member ID and Address Verified by: (Name) _____ (Teller #) _____

Account Type Access / Status / Sequence # Issued: _____

Embossed Name / # Cards / Allow Reissue / Order Type: _____

Additional Embossed Names: _____