



AUTHORIZATION FOR AUTOMATIC TRANSFER

Mail to: Remote Delivery Services c/o Kinecta Federal Credit Union 1440 Rosecrans Ave. Manhattan Beach, CA 90266
Or return to a Member Service Center near you.

Date _____

Member Name _____

Member Number _____

I hereby authorize the automatic transfer(s) below.

I understand that it is my total responsibility to have the funds available in the account on the date of transfer. I understand that the automatic transfer will continue until cancelled by me.

I understand that if the funds are not available and my funds cannot be transferred, I am responsible for any late charges and/or penalties that I may incur.

Effective Date: _____	<input type="checkbox"/> Start	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	(Check one)	
Frequency: (check one)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Semi-Annual
Amount \$ _____ for the period specified above.					
From Account Number _____	S ID _____	Last Name _____			
To Account Number _____	S or L ID _____	Last Name _____			
_____ Member Signature			_____ Teller Signature		

MSC# _____ Employee Initial: _____ OP#: _____ Authorization #: _____