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**MasterCard®/Visa®
 Authorized User(s) Form**

IMPORTANT INFORMATION

Kinecta Federal Credit Union is required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a Kinecta Account. I understand that you will ask for my legal name, residential address, Social Security Number (SSN), Phone Number, and Date of Birth.

REQUIRED INFORMATION

In order for an individual to be named on this account in any capacity they must provide picture identification and documentation reflecting the individual's current residential address. Please submit one of following valid forms of identification:

• Driver's License • US Social Security Card/ITIN • Passport • US Military ID • US Work Visa • Other Government Issued picture ID (2nd ID always required) • Voter ID • Birth Certificate • Utility bill (for residential address verification only). Kinecta reserves the right to request additional identification.

Kinecta Member Number: _____

Authorized User 1 (Please Print): **Authorized User 2 (Please Print):**

Already a member (required):

Legal Name _____
 Member Number _____
 Social Security Number _____

I am not already a member.

***Not a member (required):**

Legal Name _____
 Social Security Number _____ Date of Birth _____
 Address _____
 City _____ State _____ Zip _____
 Primary Phone Number _____ Mobile Phone Number _____

*** Two forms of ID REQUIRED**

ACKNOWLEDGEMENTS

I, the Borrower(s), and any Authorized User(s) agree to accept full responsibility for the use of the card in accordance with the terms and conditions of the MasterCard®/Visa® Disclosure Statement and Agreement I received with my original Card(s) and any Additional Federal and State Disclosures provided since that time.

In addition, by signing below the Authorized User(s) authorizes you to gather and exchange any credit, checking account, and employment information you consider appropriate from time to time and agrees that this is a loan to which the Authorized User(s) has access and may be considered liable for any outstanding balance on this account should the Borrower default. Should this become necessary, unlimited access to the account payment and transaction history will be available to the Authorized User(s) upon request.

I hereby authorize Kinecta Federal Credit Union to issue additional MasterCard®/Visa® Card(s) on my account to the individual(s) named above. I understand a card will be issued only if my account is not over-limit or past due. I understand I may cancel or remove an authorized user by written notice to the Credit Union without consent or prior notice to the the authorized user. I understand that an incomplete application will delay processing of my request.

Primary Cardholder Signature _____ Date _____

1. New Authorized Signature _____ Date _____

Joint Cardholder Signature (if applicable) _____ Date _____

2. New Authorized Signature _____ Date _____

INTERNAL USE ONLY

Received: _____ Processed By: _____
 Documentation Used to Verify Authorized User 1:
 ID Type 1: _____ # _____ Exp: _____
 ID Type 2: _____ # _____ Exp: _____
 Add'l Documentation _____

Received: _____ Processed By: _____
 Documentation Used to Verify Authorized User 2:
 ID Type 1: _____ # _____ Exp: _____
 ID Type 2: _____ # _____ Exp: _____
 Add'l Documentation _____