



KINECTA
FEDERAL CREDIT UNION

1440 Rosecrans Ave.
Manhattan Beach, CA 90266
800.854.4600 • www.kinecta.org

RELEASE OF LIABILITY

SECTION 1	Primary Member's Name: _____		Date: ____ / ____ / ____
	Daytime Phone: _____	Membership No: _____ S- _____	

SECTION 2 On ____ / ____ / ____, fraudulent, forged checks/drafts, and/or unauthorized transactions were reported to Kinecta Federal Credit Union. As a result, Kinecta has requested that I close my (check one): membership and all corresponding shares; or share checking; or, share savings account and open a new one. I understand that the purpose of closing the membership and/or share account(s) is to prevent any further unauthorized or fraudulent transactions from occurring. If I was requested to close my membership, and Account Number Change Form has been provided to me to complete the request, should I choose to do so.

SECTION 3 With the knowledge that additional fraud may occur on my membership and/or shares, as listed in Section 2 above, I _____, refuse to close my membership and/or shares, as listed above, and hereby release, indemnify, defend and hold harmless Kinecta Federal Credit Union, its officers, directors, employees, agents and subsidiaries from and against any and all claims, losses, damages (including, but not limited to, direct, consequential, compensatory and punitive damages), costs, and attorney's fee resulting from or related to claims, liabilities, actions, proceedings, or judgments arising out of any unauthorized or fraudulent transactions on my membership and/or corresponding shares, or breach of my personal financial information (collectively, the "Fraudulent Transaction") as a result of my refusal to close my existing membership and/or share account(s), as listed in Section 2, and re-establish a new one.

Any future monetary losses incurred on my membership and/or shares as a result of any Fraudulent Transaction will be my sole responsibility. I further understand and agree that Kinecta will not reimburse me for any indirect or direct losses incurred as a result of any Fraudulent Transaction.

Date: ____ / ____ / ____ Primary Member's Signature: _____

SECTION 4 A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

State of California

County of _____

On _____ before me, _____,
(insert name and title of the officer here)

personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument..

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature _____ (Seal)

SECT 5 Member Service Center Use Only

Location: _____ Teller Number: _____ Date Request Received: ____ / ____ / ____