



1440 Rosecrans Ave.
 Manhattan Beach, CA 90266
 800.854.9846 • www.kinecta.org

ACCOUNT ACKNOWLEDGEMENT FORM

SECTION 1	MEMBER NAME (FIRST, MIDDLE, LAST) JR. / SR.	
	CREDIT UNION ACCOUNT NUMBER	
	HAS YOUR ADDRESS CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE YOUR NEW CONTACT INFORMATION
	PHONE (HOME / WORK / CELL)	
	STREET ADDRESS	CITY / STATE / ZIP

SECTION 2	ACCOUNT ACTION REQUESTED:
	<input type="checkbox"/> CLOSE MY ACCOUNT (TO BE CLOSED BY REQUESTING MSC/MCC) <input type="checkbox"/> RETAIN MY ACCOUNT

SECTION 3	<p>I do not want my account to be escheated to the state controllers office. By completing this form, I authorize Kinecta Federal Credit Union to update my account records indicating my interest in maintaining my account which will prevent my account from being escheated or close my account as indicated above.</p> <p>By signing this form, I am declaring my intention to maintain my account with Kinecta Federal Credit Union.</p> <p>I understand that if I do not sign this form and return it to Kinecta Federal Credit Union by May 31st of the year following the receipt of an original escheatment notice for the above listed membership, my deposit, account, shares, or other interests are subject to escheat and may be paid over to the state controller, subject to claim by myself or of my heirs.</p>
	<p>Account Owner Signature _____ Date _____</p>

CREDIT UNION USE ONLY		
VERIFY FORM HAS BEEN COMPLETED BEFORE SENDING TO DOCUMENT AND WORKFLOW.		
RECEIVED BY: [NAME AND BRANCH NUMBER]		
RECEIVED DATE	COMPLETED DATE	USER ID & INITIALS