



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

ACCOUNT INFORMATION UPDATE FORM

SECTION 1	PLEASE COMPLETE THE APPLICABLE SECTIONS ONLY			
	MEMBER NAME (FIRST, MIDDLE INITIAL, LAST)		JR. / SR.	MEMBER NUMBER
SECTION 2	ADDRESS / PHONE / EMAIL			
	Proof of residence is required when changing the address on an account that has been opened less than 30 days. Acceptable documentation includes: current utility bill (electric bill, water bill, natural gas bill, home landline telephone bill, cable/satellite bill), vehicle registration, etc.			
	RESIDENCE ADDRESS	CITY	STATE	ZIP
	MAILING ADDRESS	CITY	STATE	ZIP
	HOME PHONE NUMBER	CELL PHONE NUMBER		
	WORK PHONE NUMBER	EMAIL ADDRESS		
SECTION 3	NAME CHANGE ONLY**			
	(Order the following in new name, check all that apply) <input type="checkbox"/> Debit Card <input type="checkbox"/> Checks <input type="checkbox"/> MasterCard Credit Card			
	**For Name Changes, supporting documentation showing the new name is required [i.e. legible copy of State or Government issued identification (Driver's License, ID, U.S. Passport) Marriage Certificate, or Divorce Decree]. If providing a Marriage Certificate or Divorce Decree, please include copy of DMV's Interim Driver's License/ID Receipt or Social Security Card with new name.			
SECTION 4	CURRENT NAME (AS LISTED ON ACCOUNT)	NEW NAME		
	CURRENT SIGNATURE ON FILE	NEW SIGNATURE		
SECTION 5	TIN CORRECTIONS			
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SECTION 6	IDENTIFICATION CHANGE / UPDATE			
	PREVIOUS IDENTIFICATION # / TYPE / ISSUING AGENCY	NEW IDENTIFICATION # / TYPE / ISSUING AGENCY		
SECTION 6	MEMBER SIGNATURE (REQUIRED)			
	My signature authorizes the above change(s) and provides an updated signature to be used for verification purposes. I understand and agree that the changes will be made to my profile on the listed membership number(s). I further agree and understand that an address change will only affect the Membership if I am the Primary Member on the listed membership number(s).			
	By signing this document below, I agree that the Credit Union may from time to time make calls and/or send text messages to me at any telephone number(s) provided above, including any mobile/cellular telephone numbers and/or numbers that are later converted to mobile/cellular telephone numbers that may or may not result in data usage and/or charges to me. This is so the Credit Union can service and keep me informed about my account(s), and/or provide fraud, security breach, or identity theft alerts. I also agree that I may be contacted by the Credit Union service providers and/or any third party making such calls or sending such text messages on its behalf. The manner in which these calls or text messages may be made to me include, but are not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems. I understand that I am not required to provide consent as a condition to receiving the Credit Union's products or services. I may change the telephone number(s) provided at any time by contacting the Credit Union at 1-800-854-9846.			
	By also initialing this paragraph below, I further authorize Kinecta to contact me as set forth above, by making calls and/or sending text messages to me at any telephone number(s) I have provided above, through, but not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems, to offer products and services that might be of interest to me. I understand that I am not required to provide this additional consent as a condition to receiving the Credit Union's products or services.			
Initials _____				
MEMBER / JOINT OWNER / AUTHORIZED SIGNER SIGNATURE			DATE	

MAIL: 1440 ROSECRANS AVENUE, MANHATTAN BEACH, CA 90266, **ATTN:** MEMBER SERVICE SUPPORT CU/19 **or FAX:** 310.727.8218

CREDIT UNION USE ONLY

MSC / DEPT#	USER ID	USER INITIALS	DATE RECEIVED	MANAGER / SUPERVISOR APPROVAL
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