



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

## AUTHORIZATION TO PAY OUTSTANDING CHECKS - ACH TRANSACTIONS

Request can be processed at any local Kinecta Member Service Center

### SHARE TYPE CHANGES

NAME (FIRST, MIDDLE, LAST)	CREDIT UNION ACCOUNT NUMBER
DAYTIME PHONE NUMBER	DATE SHARE DRAFT CLOSED
CLOSED SHARE DRAFT NUMBER	NEW SHARE DRAFT NUMBER

I hereby authorize Kinecta Federal Credit Union ("Kinecta") to honor/pay the following checks/drafts/transactions expected to clear on the above-referenced Closed Share Draft through the New Share Draft.

LIST OF CHECKS	
CHECK #: _____	AMOUNT \$: _____
CHECK #: _____	AMOUNT \$: _____
CHECK #: _____	AMOUNT \$: _____
CHECK #: _____	AMOUNT \$: _____
CHECK #: _____	AMOUNT \$: _____
CHECK #: _____	AMOUNT \$: _____
CHECK #: _____	AMOUNT \$: _____
CHECK #: _____	AMOUNT \$: _____
CHECK #: _____	AMOUNT \$: _____
CHECK #: _____	AMOUNT \$: _____

LIST OF ACH TRANSACTIONS	
ACH COMPANY NAME: _____	AMOUNT \$: _____
ACH COMPANY NAME: _____	AMOUNT \$: _____
ACH COMPANY NAME: _____	AMOUNT \$: _____
ACH COMPANY NAME: _____	AMOUNT \$: _____
ACH COMPANY NAME: _____	AMOUNT \$: _____
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ACH COMPANY NAME: _____	AMOUNT \$: _____

I am aware that any outstanding checks/drafts/transactions not listed on this form will be returned "Account Closed", and may be subject to third party fees. I understand that Kinecta Federal Credit Union ("Kinecta") will not be liable for any item that is not paid, and I further agree to indemnify, defend and hold harmless Kinecta from and against any third party claims regarding any unpaid items. In addition, I am aware that any checks/drafts/transactions listed may not be honored after sixty (60) days from the date the Closed Share was closed.

Account Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

LIST OF CHECKS		
LOCATION	TELLER #	RECEIVED DATE

Mail to: **ACH Department c/o Kinecta Federal Credit Union, 1440 Rosecrans Avenue, Manhattan Beach 90266.**  
 This form may also be faxed to: **ACH Department 310.727.8219.**