



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

**WIRE DISPUTE FORM**

**MAIL and FAX requests: Document can be sent directly to Kinecta by fax to 310.727.8200 or Mailed to: Kinecta Federal Credit Union, Electronic Payment Services department, 1440 Rosecrans Avenue, Manhattan Beach, CA 90266.**  
 Wire Transfer disputes must be received within 90 days for domestic wires and 180 days for international wires of the wire transfer date.  
 Fee may apply to recall, amend or to trace the wire. Wire recalls are not guaranteed and no provisional credit will be provided.

<b>SECTION 1</b>	MEMBER NAME:		
	MEMBER NUMBER:		DAYTIME PHONE #:
<b>SECTION 2</b>	WIRE DATE:		WIRE AMOUNT:
	1. Description of error or problem with the transfer, and why you believe it is an error or problem.		
	_____		
	_____		
	2. The name of the person receiving the funds, and his or her telephone number and address.		
_____			
3. The actual dollar amount of the transfer. _____			
4. Additional Information that may assist Kinecta in conducting the wire transfer research.			
_____			
_____			
<b>SECTION 3</b>	We will determine whether an error occurred within 90 days after you contact us and we will correct any error promptly. We will inform you of the result within three business days after completing our investigation. If we determine that there was an error, we will send you a written explanation of the outcome. You may request copies of any documents we used in determining our decision.		
	Member / Authorized Signer:		Date:
	Identification Type & Number:		
<b>MSC/MCC</b>	<b>CREDIT UNION USE ONLY</b>		
	Dispute was received in: <input type="checkbox"/> Person <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Mail		
	Dispute Accepted By (Name & Number):		
	Service Center Name & Number:		
<b>ELECTRONIC PAYMENT SERVICES</b>	Dispute Resolution: <input type="checkbox"/> Approved & Amount Credited <input type="checkbox"/> Declined		
	Notes:		
	Dispute Processed By:		
	Electronic Payment Services Department Manager Approval:		Date: