



KINECTA
FEDERAL CREDIT UNION

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

RETAILSERVICES

**AUTHORIZATION FOR
AUTOMATIC TRANSFER**

SECTION 1	Name (First, Middle, Last):	
	MEMBERSHIP NUMBER:	DATE

SECTION 2	TRANSFER INFORMATION		
	FOR MAIL REQUEST ONLY: 1440 ROSECRANS AVENUE, ATTENTION MCC CU/11, MANHATTAN BEACH, CA 90266 OR FAX TO: 310.727.8213		
	REQUEST TYPE (CHECK ONE): <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel	EFFECTIVE DATE:	TRANSFER TYPE (CHECK ONE): <input type="checkbox"/> Automatic Share Transfer
	FREQUENCY ⁴ (CHECK ONE): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		<input type="checkbox"/> Overdraft Protection Transfer ¹ Share/Loan ² <input type="checkbox"/> Auto Transfer for Loan Payment ³
	TRANSFER AMOUNT ⁵ :		<input type="checkbox"/> Alternate Transfer Payment <small>Note: Use Share Certificate Renewal/Maturity Request form for Dividend/Maturity transfers</small>
	TRANSFER FROM SHARE ID #:		TRANSFER TO SHARE/LOAN & MEMBERSHIP ID #:
Last name of primary member on Transfer to membership, if different from Transfer from membership number.			

SECTION 3	MEMBERSHIP SIGNATURE (REQUIRED)
	This signature authorizes the above transfer(s). I understand that it is my full responsibility to have funds available in the membership/shares mentioned above on the date of the transfer. I understand that the automatic transfer will continue until it is cancelled by me in writing and the written cancellation must be received by Kinecta Federal Credit Union one business day prior to the automatic transfer occurring. I understand that if the funds are not available or the funds cannot be transferred, I am solely responsible for any late charges and/or penalties that I may incur. Transfers of loan payments will attempt to post every day until the loan payment amount is satisfied.
	MEMBER/JOINT OWNER SIGNATURE (Signature of authorized signer on the share from which the transfer debit will occur) :
IDENTIFICATION TYPE AND NUMBER:	

SECTION 4	CREDIT UNION USE ONLY				
	LOCATION:	REP #:	REP INITIALS:	SUP / MGR INITIALS:	DATE:

¹ Refer to Agreements & Disclosures and Schedule of Fees & Charges for full details.
² Refer to Lending Disclosure for restrictions, conditions or any applicable fees associated with the transfer service.
³ Refer to Lending Disclosure for restrictions, conditions or any applicable fees associated with late payments.
⁴ Option does not apply to Overdraft Protection Transfer, Auto Transfer for Loan Payment and Scheduled Auto Transfer.
⁵ Option does not apply to Overdraft Protection Transfer and Auto Transfer for Loan Payment.