



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.**