



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

# ACH DEBIT AUTHORIZATION AGREEMENT – CREDIT CARDS

**Kinecta Loan Account Number** \_\_\_\_\_

I hereby authorize Kinecta Federal Credit Union (Kinecta), to initiate the electronic transfer indicated below at the depository financial institution named below, and to debit the same to such account. I agree to indemnify Kinecta for any losses by complying with this authorization to debit my account. Also, I acknowledge that these debit entries to my account will be conducted according to the National Automated Clearing House Association Rules (NACHA Rules). I affirm that I have ownership and withdrawal rights on the accounts referenced below.

By agreeing to a "Debit Authorization," you authorize Kinecta to initiate a debit entry (withdrawal, transfer, etc.) at the listed financial institution that you provided. Items returned for non-sufficient and/or uncollected funds may be re-presented for payment. Fees for returned items will be charged in accordance with the current Kinecta Schedule of Fees and Charges.

**\*\*\* YOU MUST BE THE OWNER ON BOTH FROM AND TO ACCOUNTS \*\*\***

<b>Account Type</b>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<b>Name on Acct</b>	_____	
<b>Bank Name</b>	_____	
<b>Account Number</b>	_____	
<b>Bank Routing #</b>	_____	
<b>Bank City/State</b>	_____	

\_\_\_\_\_ DOLLARS

Memo \_\_\_\_\_

Routing number	Account number	Check number

**Payment Options: (Check one)**

One-Time Payment Option:  
 One-Time Payment Amount \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Recurring Payment Options:  
 Minimum Payment due (Shown on monthly statement)  
 Full Statemented Balance  
 Fixed Dollar Amount \$ \_\_\_\_\_ (indicate amount)  
 Starting Monthly on Due Date: \_\_\_\_\_

This authorization is to remain in full force and effect until Kinecta has received written notification from me of its termination. I agree to provide this written notification at least 10 banking days in advance of the termination date so as to afford Kinecta and the named financial institution a reasonable opportunity to act on it. This authorization may be unilaterally terminated by Kinecta in cases of excessive returns or member abuse, or whenever any loans have been paid in full with recurring debits.

If you have further questions, please contact our 24-hour Card Service Department at 877.881.6023. Please mail your completed ACH form to the address listed above or fax to 310-727-8208.

**MEMBER AUTHORIZATION:**

\_\_\_\_\_  
 Member Signature

\_\_\_\_\_  
 Member Name (print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Daytime Phone Number

**For Credit Union Use Only**

Branch Number \_\_\_\_\_ Branch Manager \_\_\_\_\_ Branch Phone Number \_\_\_\_\_

*Please send completed forms to Document & Workflow CU/36*