



1440 Rosecrans Avenue, Manhattan Beach, CA 90266
800.854.9846 | kinecta.org

Home Equity Line of Credit ACH Debit Authorization Agreement

Check one: New Change Cancel

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 (Debit Authorization), and to debit the same to such account (ACH Automatic Payment). 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) and must comply with the provisions of U.S. law. I affirm that I have ownership and withdrawal rights on the accounts referenced below.

By agreeing to the "Debit Authorization", I authorize Kinecta to initiate a debit entry (withdrawal, transfer, etc.) at the depository financial institution that you provided below, and to pay the regular Minimum Payment Due on the Kinecta Account listed above. 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 *****

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

_____ DOLLARS

Memo _____

Routing number	Account number	Check number

Payment Information:

The Minimum Payment Due (AUTHORIZED AMOUNT)- As per your billing statement.
The payment will be drafted from the account indicated above on each due date.

LOAN PAYMENTS: For your FINAL PAYOFF PAYMENT AMOUNT, please contact Loan Servicing Department at (800) 854-4501, option 3 and option 2.

Please note: If three (3) return NSF items occur within 12 months, your ACH Debit Authorization Payment will be discontinued.

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.

PLEASE CONTINUE TO MAKE YOUR MONTHLY PAYMENT UNTIL WE NOTIFY YOU OF YOUR DRAFT DATE

MEMBER AUTHORIZATION:

Member Signature

Member Name (print)

Date

Daytime Phone Number

For Credit Union Use Only

Branch Number _____ Branch Manager _____ Branch Phone Number _____

Fax completed form to: 310-727-8225