

P.O. Box 217, Manhattan Beach, CA 90266 800.854.9846 | kinecta.org

Mastercard® Authorized User(s) Form (Branch)

Important Information Kinecta Federal Credit Union is required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a Kinecta Account. I understand that you will ask for my legal name, residential address, Social Security Number (SSN), Phone Number, and Date of Birth.

Required Information In order for an individual to be named on this account in any capacity they must provide picture identification and/or documentation reflecting the individual's current residential address (if it does not match the current Driver's License). Please submit one of following valid forms of identification: • Driver's License • U.S. Passport/U.S. Passport Card • Other Government Issued picture ID (2nd ID always required). Kinecta reserves the right to request additional identification. Refer to Retail Operations Identification Requirements Procedure for complete list of eligible forms of identification.

Kinecta Member Number		Kinecta Credit Card Number (last four)		
Is the Authorized User already a Kinecta	Member?			
First, Middle, Last Name				
Social Security Number				
Date of Birth				
Address			State	Zip
Primary Phone Number		Mobile Phone Number		
Acknowledgements I, the Borrower(s), accordance with the terms and conditions additional disclosures provided since that exchange any credit, checking account, ar this is a loan to which the Authorized User the Authorized User(s) upon request. I hereby authorize Kinecta Federal Credit I understand a card will be issued only if n authorized user by written notice to the C incomplete application will delay processi	s of the Credit Card Agret time. In addition, by signd employment informar(s) has limited access. To Union to issue an addition account is not over-limited accest.	eement and Disclosure gning below the Author ition you consider appr The account payment a ional MasterCard® on r mit or past due. I unde	e I received with my or rized User(s) authorize copriate from time to t and transaction history my account to the indi- erstand I may cancel or	iginal Card(s) and any is you to gather and ime and agrees that will be available to vidual named above.
Primary Card Holder Signature	Date	Joint Card Holder	Signature (if applicable)	Date
New Authorized Signature	Date			
CREDIT UNION USE ONLY				
Received: Processed by (Teller #)		Date Processed		

1 of 1 27734-07/27/22