



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 *****

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 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

 Date

 Member Name (print)

 Daytime Phone Number

For Credit Union Use Only

Branch Number _____ Branch Manager _____ Branch Phone Number _____

Please send completed forms to Document & Workflow CU/36