



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

Member Request / Pick Up

SECTION 1	Name (First, Middle, Last)	
	Member Number	Date

SECTION 2	TYPE OF ITEM PICKED UP (Select All Applicable)	
	<input type="checkbox"/> BOX OF CHECKS	
	<input type="checkbox"/> DEBIT/CREDIT CARD	
	<input type="checkbox"/> OTHER: (Please Specify) _____	

SECTION 3	MEMBER IDENTIFICATION / DRIVER'S LICENSE (Type, Number, Expiration)	

SECTION 4	MEMBER SIGNATURE REQUIRED	

CREDIT UNION USE ONLY		
Location	User Number	User Initials

Submit completed form to Doc & Workflow CU/36

FOR KINECTA USE ONLY