



I/We,(consumer)	certify that the agreed	
	has been completed/delivered to my/our satisfaction.	
I/We authorize Kemba Credit Union, Inc. to disburse \$	to the above listed merchant.	
Signature:		Date:
Signature:		Date:
Member Address:		
City:	State:	Zip:

Please complete and **fax** to Kemba Loan Department at **513.763.8140** or **email** to Kemba **karsfax@kembacu.org**