

\*COC



# CERTIFICATE OF COMPLETION/DELIVERY

I/We, \_\_\_\_\_ certify that the agreed  
(consumer)

upon work by \_\_\_\_\_ has been completed/delivered to my/our satisfaction.  
(merchant)

I/We authorize Kemba Credit Union, Inc. to disburse \$ \_\_\_\_\_ to the merchant listed above.

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](mailto:karsfax@kembacu.org)