

*EA



AUTHORIZATION TO ADVANCE FUNDS

I/We, _____ authorize Kemba Credit Union to advance and
(consumer)

disburse \$ _____ to _____ for the service/product agreed upon.
(merchant)

I/We understand that our ____ month no interest period will begin on the date the funds are first advanced.

Signature: _____ Date: _____
(consumer)

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