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FINAL ADVANCE FORM

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 satisfy the remaining balance 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