



CERTIFICATE OF COMPLETION:

I/We, _____ certify that the following
services/improvements: _____

_____ have been completed to my/our satisfaction by _____
on _____, 20 _____. I/We authorize Kemba Credit Union, Inc. to disburse
funds to _____.

Signature

Date

Signature

Date

Address

Please complete and fax to Kemba Loan Department at 513.763.8140.