



25th TRANSFER FORM

Primary Account No: _____ A or X Date: _____

Name: _____ Employee's Initials: _____

SSN: _____ Effective Date: _____

Acct. # _____ Loan Suffix _____ Amount \$ _____

Acct. # _____ Loan Suffix _____ Amount \$ _____

Acct. # _____ Loan Suffix _____ Amount \$ _____

Acct. # _____ Loan Suffix _____ Amount \$ _____

Additional Notes _____

Loan payment will be taken from "Residual Account" unless otherwise noted.

When the 25th falls on a weekend or holiday, loan payment will be taken on the first business day after the 25th.

Signature X _____

KENT BRANCH
6020 Rhodes Road
Kent, OH 44240
Phone: 330.678.2274
Fax: 330.678.6252

RAVENNA BRANCH
271 So. Chestnut Street
Ravenna, OH 44266
Phone: 330.298.0400
Fax: 330.298.0404

STREETSBORO BRANCH
1190 State Route 303
Streetsboro, OH 44241
Phone: 330.626.3200
Fax: 330.626.3259

ROUTING NO. 241279234
TOLL FREE: 888.221.7556
WEB: www.kentcu.com

