

25th TRANSFER FORM

Primary Account No:		Date: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 pay	ment will be taken on	the first business day after the 25th.	
Signature X_			

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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



