



Church Extension Loan Fund Withdrawal Form

Investor Information (please print or type)

| | |
|------------------------|--|
| Investment Account No. | |
| Name | |
| Address | |
| City | |
| State | |
| Zip | |
| Telephone (home) | |
| Telephone (other) | |
| E-mail | |

Withdrawal Information

I wish to withdraw a total of \$ _____ from my investment note number _____.

____ I wish to receive my funds by check sent to the above address.

____ I wish to receive my funds through the ACH program (please fill out information below).

| | |
|-------------------------------------|--|
| Name of Bank | |
| My Routing Number (always 9 digits) | |
| My Checking Account Number | |

Note: A 30-day notice is requested, although we make every effort to send funds upon request. There is no penalty for early withdrawal.

| | |
|-----------|--|
| Signature | |
| Date | |

Please send form by fax (615-731-7655), email (kathy@nafwb.org), or mail to:

Free Will Baptist Home Missions
 Church Extension Loan Fund
 P.O. Box 5002
 Antioch, TN 37011-5002