



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 (teresa@nafwb.org), or mail to:

North American Ministries
Church Extension Loan Fund
P.O. Box 5002
Antioch, TN 37011-5002