



CHURCH EXTENSION INVESTORS FUND

Attention: Loan Department

Email: loans@cifinc.org

Fax: 630-495-4736

DRAW REQUEST

CHURCH NAME: _____

LOAN NUMBER: _____

Please advance \$ _____ from the above referenced Line of Credit account and deposit these funds, via Electronic Funds Transfer, into our checking account ending in _____ (Last 4 digits) .

Funds advanced from this loan are for the sole purpose, use and benefit of _____ (Church name) of _____, _____ (Church City, State/Province). Funds requested will be deposited into the designated church bank account upon availability, usually within three business days of receipt of this request. Lender to confirm all usage of funds and sufficient title insurance.

(A minimum of two signatures is required)

AUTHORIZED SIGNER #1:

X

Name

Signature #1

AUTHORIZED SIGNER #2:

X

Name

Signature #2

AUTHORIZED SIGNER #3:

X

Name

Signature #3

AUTHORIZED SIGNER #4:

X

Name

Signature #4

REQUEST DATE: _____

FOR OFFICE USE ONLY

Request Received: _____ Received By: _____ LOC Availability: \$ _____

Authorization: _____ / _____ Funds Disbursed: _____ EFT # _____