



**CHURCH EXTENSION INVESTORS FUND**

Attention: Jim Harmon  
Email: jharmon@ceif.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 number: \_\_\_\_\_.

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, and upon Lender's confirmation of usage of funds and appropriate title insurance.

*(A minimum of two signatures is required)*

AUTHORIZED SIGNER #1: \_\_\_\_\_ X \_\_\_\_\_  
Position in Church Signature #1

AUTHORIZED SIGNER #2: \_\_\_\_\_ X \_\_\_\_\_  
Position in Church Signature #2

AUTHORIZED SIGNER #3: \_\_\_\_\_ X \_\_\_\_\_  
Position in Church Signature #3

AUTHORIZED SIGNER #4: \_\_\_\_\_ X \_\_\_\_\_  
Position in Church Signature #4

AUTHORIZED SIGNER #5: \_\_\_\_\_ X \_\_\_\_\_  
Position in Church Signature #5

REQUEST DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

**CONFIRMATION:** Usage of Funds: \_\_\_\_\_ Title Insurance: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization: \_\_\_\_\_ / \_\_\_\_\_ Funds Disbursed: \_\_\_\_\_ EFT # \_\_\_\_\_