

BANK AUTHORIZATION FORM

CDFdirect Electronic Funds Transfer only



CHURCH DEVELOPMENT FUND

FOR OFFICE USE ONLY

RIM #: _____

1) BANK INFORMATION

Investor Name

Bank Name

Branch

()

Branch Phone

Bank Account Number

Please attach a voided check from the account listed above.

☐ New

☐ Change of Information

2) ELECTRONIC TRANSFERS TO CDF

☐ I desire to have Church Development Fund, Inc. (CDF) withdraw funds from my account at the bank named above for investment at CDF. Such withdrawal shall be credited as if I had personally made the withdrawal. This authorization shall remain in effect until I notify CDF that I wish to end this agreement, which I may do at any time with a minimum of thirty days prior written notice. Withdrawals shall be made on the (check one)

[] 5th [] 20th

of each month or the first business day thereafter.

Monthly Investment Amount: \$ _____

Flex Certificate minimum: \$25 / Time Certificate minimum: \$100

A record of each transfer to CDF will appear on your quarterly CDF investment statement. In the event of an erroneous debit or credit, CDF is authorized to make correction entries. A \$10 fee will be charged to the investor's CDF investment for any transfer which is incomplete for lack of bank funds.

3) ELECTRONIC TRANSFERS FROM CDF

☐ I desire to have Church Development Fund, Inc. (CDF) deposit funds into my account at the bank named above. Such deposits shall be credited as if I had personally made the deposit. This authorization shall remain in effect until I notify CDF that I wish to end this agreement, which I may do at any time with a minimum of thirty days prior written notice.

☐ RECURRING TRANSFERS

A transfer of \$ _____ shall be made to the account at the bank named above on the first business day of each (check one)

[] Month [] Quarter

☐ NON-RECURRING TRANSFERS FROM CDF

I desire to have Church Development Fund, Inc. (CDF) process any specific request for electronic transfers received in CDF's office for transfer to my account at the bank named above.

A record of each transfer will appear on your quarterly CDF investment statement.

X

Signature

Date

X

Signature

Date

SUBSTITUTE W-9 FORM

CDF is required to obtain your correct Taxpayer Identification Number (for individuals this is your Social Security Number) in order to report to the Internal Revenue Service (IRS) interest paid to you. CDF, like any other payer of interest or dividends, must withhold 28% of the interest paid if you fail to furnish CDF with your correct Taxpayer Identification Number or if you fail to sign the acknowledgement at the bottom of the Purchase Application. This is referred to as "backup withholding." For more information on backup withholding, visit www.irs.gov.

Name

Social Security or Tax I.D. Number

Address

City

State

Zip



CHURCH DEVELOPMENT FUND

Under penalties of perjury, I certify that 1) the Social Security Number or Tax Identification Number shown on this application is correct; 2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding; 3) I am a U.S. person (including a U.S. resident alien).

(NOTE: You must cross out item 2) above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.)

X

Signature

Date