

BANK AUTHORIZATION FORM

CDFdirect Electronic Funds Transfer only



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.

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 _____

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 _____



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 _____