

90 Day Demand Note Entity

Southern Union Revolving Fund PO BOX 923868, Norcross, GA 30010-3868 770-408-1800 Fax 770-408-1803

Please complete form and	submit to your loc	al conference.						
Conference		Name of t	he Church_					
ANT#				EIN #				
Address				E-mail				
City	Stat	:ez	ːip	Phone				
Church Treasurer								
(You can send the check did to the conference to mail in			rence assign	s the sub-acc	ount n	umber , if you	prefer, or	give it
Interest: The interest rate Please check one:	is variable.							
☐ Accrue Interest								
☐ If balance is greater the	nan \$10,000, please	e pay interest or	a quarterly	basis.				
Pastor's Signature					Date	2		
Treasurer's Signature					Date			
The Conference will assign	the sub-account r	number in the sp	pace below.					
		1		I			1	

Conference employee handling application