



# REFINANCE/INTEREST ONLY APPLICATION

Southern Union Revolving Fund, Inc.  
PO Box 923868 Norcross, GA 30010-3868  
Ph. 770-408-1800 Fax: 770-408-1801

Sponsoring Conference: \_\_\_\_\_ Date: \_\_\_\_\_

Borrowing Organization: \_\_\_\_\_

ANT# \_\_\_\_\_ Subaccount # \_\_\_\_\_

E-Adventist.org Name: \_\_\_\_\_ Website: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church's Email Address: \_\_\_\_\_

Person Receiving Statements: \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Loan Information

Type of Loan:  Refinance  Interest Only

Outstanding SURF Balance Owed: \$ \_\_\_\_\_

Term: \_\_\_\_\_ Three Year Average Tithe \_\_\_\_\_

### Terms as Follows:

Originally new purchases or new construction-maximum 240 months (20 yrs)

Renovations-maximum 180 months (15 yrs)

Interest only- maximum 24 months for life of loan taken in increments of minimum of six months at a time if desired

### Church Officials Signatures

\_\_\_\_\_  
Pastor

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
Head Elder

\_\_\_\_\_  
Church Clerk

### Conference Guarantor

Signature: \_\_\_\_\_  
Conference Treasurer

Print Name: \_\_\_\_\_

Date of Committee Action: \_\_\_\_\_

Within NAD Working Policy?  Yes  No

**SURF Committee:** \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Date: \_\_\_\_\_ Action # \_\_\_\_\_

Signature: \_\_\_\_\_  
SURF Treasurer

Print Name: \_\_\_\_\_

## **Refinance Loan Application Instructions**

Please read all instructions carefully. There is information noted here without which your refinance application may be delayed or denied.

### **Organization Information**

1. Identify Conference name and date application being filled out.
2. Identify name, address and phone number of organization requesting refinancing.
3. Identify name and address of person receiving the monthly statement.

### **Loan Information**

1. Identify what is the balance of your unpaid loan.

### **Authorized Signatures**

1. All signatures are required to be on the application for processing consideration, including the committee action dates and confirmation of compliance with NAD Working Policy.

Revised 9-25-2013