



SCHOOL REFINANCE LOAN APPLICATION

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

Sponsoring Conference: _____

Borrowing Organization: _____

ANT# _____ Subaccount # _____

E-Adventist.org Name: _____ Website: _____

School Mailing Address: _____

City: _____ State: _____ Zip: _____

School'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: _____

Terms as Follows:

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

Renovations-maximum 180 months (15 yrs)

Interest only- maximum 12 months

Church Officials Signatures

Principal

Treasurer

School Board Chair

Conference Guarantor

Signature: _____
Conference Treasurer

Print Name: _____

Date of Committee Action: _____

Within NAD Working Policy? Yes No

SURF Committee: _____ Approved _____ Denied

Date: _____ Action # _____

Signature: _____

Print Name: _____

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