



90 Day Demand Note

Entity

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

Please complete form and submit to your local conference.

Conference _____ Name of the Church _____

ANT# _____ EIN # _____

Address _____ E-mail _____

City _____ State _____ Zip _____ Phone _____

Church Treasurer _____

*(You can send the check directly to SURF **once the local conference assigns the sub-account number**, if you prefer, or give it to the conference to mail it to us along with this form)*

Interest: The interest rate is variable.

Please check one:

☐ Accrue Interest

☐ If balance is greater than \$10,000, please pay interest on a quarterly basis.

Pastor's Signature _____

Date _____

Treasurer's Signature _____

Date _____

The Conference will assign the sub-account number in the space below.

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Conference employee handling application