

Investment Purchasing/Deposit Form
SOUTHERN DISTRICT CHURCH EXTENSION FUND
101 Mission Drive, (Suite 100) Slidell, LA 70460
1-888-493-5962

New Purchase or Set Up New Account:

If you wish to purchase or finance your new account through our secure server at www.southerncef.org please fill in the requested information in the box below and U.S.P.S. (mail), fax 1-985-377-0013 or call us to establish the account 1-888-493-5962. After information is processed you will receive an email with directions on how to purchase or fund your account(s) on line. If you wish to fill in all the information and mail a check or provide your bank information this is also acceptable.

NEVER E-MAIL YOUR PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____		
Social Security Number: _____ (required)		Birth Date: _____
Joint Account to be recorded as "OR"		
Last Name: _____ First Name: _____ MI: _____		
Social Security Number: _____ (required)		Birth Date: _____
Account contact Information		Joint Account
Street Address for Account: _____		
City: _____ State: _____		Zip: _____ - _____
Phone with Area Code: ____ (____) _____		
E-Mail: _____		
Congregation to receive supporting investment credit: Name: _____ City: _____		
<input type="checkbox"/> IF SETTING UP A YES (Young Elite Savers) Must be under age 18 (Must also have adult information above)		
Minors Full Name: Last: _____ First: _____		MI: _____
Minors Social Security Number: _____		Minors Date of Birth: _____
Minors Street Address: _____		
City: _____ State: _____		Zip: _____ - _____

All transactions: (please provide all information) (For YES accounts the adult listed will be the adult custodian)

PURCHASE OR START NEW ACCOUNTS: (for deposits to existing accounts see bottom of form)

YES: Young Elite Savers- Starting Deposit (\$25.00 or more)	Total: _____
SAVE BY MAIL: Starting Deposit (\$25.00 or more)	Total: _____
NOTES: 1 year- QTY_____ Individual Amounts _____	Total: _____
3 year- QTY_____ Individual Amounts _____	Total: _____
5 Year- QTY_____ Individual Amounts _____	Total: _____
STAMPS: \$1.00 stamps QTY_____ @ \$25.00 sheet	Total: _____
10 Year Debentures: \$25.00 Debenture QTY_____ @ \$17.72	Total: _____
Limit \$10,000.00 \$100.00 Debenture QTY_____ @ 70.89	Total: _____
\$500.00 Debenture QTY_____ @ \$354.46	Total: _____
TOTAL PURCHASES: Check payable to: Southern District CEF	TOTAL \$ _____

Pay Interest Jun & Dec
 Accumulate interest
 For Notes- Please check one

----- **DEPOSITS - Add to an Existing Account** -----

Please fill in the personal information above so we may properly apply this deposit.

YES: (Young Elite Savers) Account Number: _____ Total Deposit : _____

Save By Mail: Account Number: _____ Total Deposit: _____

TOTAL DEPOSITS TO EXISTING ACCOUNT: Checks payable to Southern District CEF \$ _____

Please mail checks to: Southern District CEF, 101 Mission Drive, (Suite 100), Slidell, LA 70460

Or: Please debit my checking account:
SEE BACK SIDE FOR AUTHORIZATIONS

PLEASE DO NOT FORGET TO TRANSMIT FRONT SIDE INFORMATION WITH THIS AUTHORIZATION

ONE TIME AUTHORIZATION FOR PURCHASE OF PRODUCTS

Please print clearly

Name of Financial Institution: _____ City: _____

Routing Number: _____ (9 DIGITS) Account Number: _____

Savings or Checking (circle one please)

Your Best Phone for this transaction: _____ Best E-Mail: _____

Authorizing Signature: _____ Date: _____

AUTHORIZATION FOR RECURRING AUTOMATIC DEBIT

Type of Authorization: _____ Effective Date of Authorization: _____

- New authorization
- Change to prior authorization
- Change Banking Information
- Discontinue prior authorization

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone Number with area code: _____

Best e-mail address: _____

Please debit my bank account for deposit to Southern District CEF account:

- YES Account #: _____ Minor Childs Name: _____
- Save By Mail Account #: _____

Investment Notes, Stamps and Debentures are sold as individual investment products and are not eligible for additional deposits.

Bank Information:

Name of Bank that is being debited: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

- Savings
- Checking Amount: \$: _____ (for recurring transaction.)

Routing Number: _____ (9 DIGITS) (if a credit union please check with your branch)

Account Number: _____

All automatic transactions are accomplished once a month on the 15th of the month or the next business day.

Date of first authorized transaction: _____

Agreement: I authorize Southern District Church Extension Fund to process recurring debit entries to my account. I understand that this authority will remain in effect until I provide written notification to terminate the authorization.

Signed: _____ Printed Name: _____

Date Signed: _____

Do not transmit via e-mail: Mail or fax Our Fax Number is 1-985-377-0013

Mail to: Account Services Southern District C.E.F.101 Mission Drive (Suite 100) Slidell, LA 70460

Main Telephone Number: 1-888-493-5962 or (504) 282-2633