

THE BAPTIST MISSIONARY ASSOCIATION
Of
MISSISSIPPI
MISSIONS and REVOLVING LOAN FUND DEPARTMENTS

4226 Hwy. 15-N
Laurel, MS. 39440
Federal I. D. No. 64-0475094
Director: Rayburn Freeman

TEL. 601-428-8616
Email: loans@bmaofmsmissions.org
Fax 601-649-0961

I, _____, wish to close my account # _____ with the BMA of MS Revolving Loan Fund, listed as _____.
The current balance of this account will be mailed to me in a check or transferred to another account of my choosing upon receipt by BMA of MS Revolving Loan Fund of this signed and notarized form.

Signature

Date

Social Security Number

State of _____
County of _____, ss.

On this _____ day of _____, _____, before me, _____, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Notary's signature

seal

Please provide the following information if you wish us to transfer your balance to another account.

Bank Name:

Account Type:

Account Number:

Account Name:

Bank Routing Number:

****Note**** There will be a \$12.00 fee deducted for all wire transfers.