

# CHURCH OF GOD BY FAITH FINANCIAL SOLUTIONS, INC. – Investment Transaction Slip

2409 Old Middleburg Road N. Jacksonville, FL 32210

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

State, Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_



Phone: 904-574-9853  
Fax: 904-574-9871  
Email: [fs@cogbf.org](mailto:fs@cogbf.org)  
Web: [www.cogbfs.org/](http://www.cogbfs.org/)

TRANSACTION

## DEMAND CERTIFICATES ONLY

### Partial Investment(s)

Investment Number

Amount

### Full Redemption (Requires closing the account)

Investment Number

Amount

\_\_\_\_\_  
*Signatures (Required for redemptions)*

