



# AUTOMATIC TRANSFER AUTHORIZATION

From another bank

As used in this authorization “we” and “us” means the owners of the accounts identified below. “You” and “yours” means the depository institution named below.

## West Bank

We authorize and direct you to make the following transfer of funds:

AMOUNT TO BE TRANSFERRED: \$ \_\_\_\_\_

FREQUENCY: \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Other (Describe) \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_

<b>To:</b>	<b>Type:</b>
Account No. _____	Savings
Account Title: <b>Des Moines Area Religious Council</b>	Checking
	Other
<b>From:</b>	<b>Type:</b>
Account No. _____	Savings
Routing Number: _____	Checking/Now
Depository Name: _____	Loan Pmt.
Account Title: _____	Other
_____	

These accounts remain subject to their individual terms and conditions, which are not modified by the authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal.

If no termination date is specified above, this authorization will remain in effect until termination by any one of us. You may terminate this authorization by giving us 15 days written notice at the address stated below. Notice to any one of us is notice to all of us.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Account Holder Address City St Zip

Accepted By: \_\_\_\_\_ (DMARC Representative)

Send to:

Des Moines Area Religious Council • 100 Army Post Road • Des Moines, IA 50315 • 515-277-6969