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.

Freedom Financial 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 _____

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

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 • 1435 Mulberry Street • Des Moines, IA 50309 • 515-277-6969