

## **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 f	ollowing transfer of funds:		
AMOUNT TO BE TRANSFERRED: \$			
FREQUENCY: Weekly Monthly _	Other (Describe)		
EFFECTIVE DATE	_ TERMINATION DATE		
To:	Туре	: Sa	vings
Account No.		Ch	ecking
Account Title: Des Moines Area Religious	s Council	Oti	her
From:	Туре	: Sa	vings
Account No.		Ch	ecking/Now
Routing Number:		Lo	an Pmt.
Depository Name:		Otl	her
Account Title:			
These accounts remain subject to the modified by the authorization. If a transfer to require not less than 7 days written notion. If no termination date is specified a termination by any one of us. You may term notice at the address stated below. Notice	r is made from a savings accounce of withdrawal.  above, this authorization will reminate this authorization by gi	nt, you reta emain in ef ving us 15	ain the right
Signature	Signature		
Printed Name	Printed Name		
Account Holder Address	City	St	Zip
Accepted By:	(DMARC Representative)		
Send to:			

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