## Athletic Complex Brick Purchase

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DMCS	E	£ ?
THON	S	35

Please return to: DMCS Attn: Development Office 13007 Douglas Pkwy, #100 Urbandale, IA 50323 (515) 252-2497

	Name:	first		spouse	
	Address:				
	Email:		Phone:		
	One-Time Electronic Auto-Withdrawal Information				
	I have authorized Des Moines Christian School to electronically transfer my pledge payment from my account on the 15th day of June 2015. I request and authorize DMCS to charge my bank account as indicated below. agree that rights of DMCS in respect to such a transfer shall be the same as if it were a regular check drawn of the bank and signed by me personally. I agree that DMCS shall be fully protected in honoring my payment.				
	Dollar amount of transfe	er: \$ on June	15, 2015		
)	☐ I understand that DMCS will use the same bank account I currently use to pay tuition.				
	Signature:			Date:	