For Automatic Withdrawal for your Preschool Tuition.

Name _____ Date _____

I have authorized Des Moines Christian School to electronically transfer my monthly payment from my account. If a payment date lands on a holiday or weekend, the amount will be transferred on the next business day. I request and authorize you to pay and charge my account this monthly transfer drawn by and payable to the order of Des Moines Christian School. I agree that your rights in respect to such a transfer shall be the same as if it were a regular check drawn on the bank and signed by me personally. This authority is to remain in effect for the period stated below:

Month and Year transfer is to begin: _____
Month and Year transfer is to end: _____
Date of Transfer 1st 15th
Dollar Amount of Transfer _____

Signature: _____

Please attach VOIDED CHECK