



**Equip • Renew • Restore**

P.O. Box 587 • Richland, MI 49083 • ph. 269.671.4809  
www.alongsidecares.net • info@alongsidecares.net

## MONTHLY DIRECT TRANSFER PAYMENT AUTHORIZATION

If you desire to give to ALONGSIDE by way of monthly transfers directly from your bank account, please supply the information requested below and return this form to ALONGSIDE.

I/We authorize ALONGSIDE, Inc. to make automatic monthly deductions from my checking account at my financial institution indicated on the VOID check below. This authorization will remain in effect until ten business days after ALONGSIDE receives written cancellation of this authorization by me/us.

Amount to be deducted monthly: \$ \_\_\_\_\_ .00

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

**THANK YOU SO MUCH FOR YOUR GENEROSITY!**

*Please tape your voided check on top of the sample 'VOID' check below*

YOUR NAME	1025
1234 YOUR STREET	
YOUR TOWN, USA	
	_____ 20 _____ <sup>3-5</sup> 121 310
PAY TO THE ORDER OF _____	\$ _____
_____	_____ DOLLARS
YOUR BANK OR CREDIT UNION	
MEMO _____	_____

**VOID**