Minnesota State College Southeast Foundation

Philanthropy on a Budget Program

Minnesota State College Southeast Foundation, in partnership with Merchants Bank, is pleased to offer you the opportunity to build philanthropy into your lifestyle by enrolling in our *Philanthropy on a Budget Direct Debit Program*. Through this program you can donate the amount of money that fits into your monthly budget. No matter the size of your monthly donation, the direct debit program can work for you. All you have to do is to complete the form below, mail it to our office, and we will do the rest.

Here is how the Philanthropy on a Budget Program works:

On the 16th of each month, or the following Monday if the 16th falls on a weekend, your donation, will be withdrawn electronically from your preferred bank account. The amount of the debit will appear on your bank statement with a description of who withdrew the money.

The Foundation will send you a year-end receipt with all of your monthly donations added together to provide you one lump sum for tax purposes.

The authorization section of the form, which is provided below, gives the company and your financial institution authority to debit your donation from your account. To enroll in the Philanthropy on a Budget Program, simply complete the authorization below.

All you need do is:

1. Mark the box before type of account to indicate whether your bill will be withdrawn from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number.

NOTE: Be sure to sign the form!

AUTHORIZATION – Please fill out and return to:

MSC Southeast Foundation Foundation, 1250 Homer Rd, Winona, MN 55987

I authorize Merchants Bank and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustment for any debit entries in error to my:

☐ Checking Account ☐ Savings Account

On the 16th day of each month, beginning with _____

This authorization cannot be revoked without written request and approval by the Company.

_____ _____

Financial Institution Name (Please Print)

_____ _____

Branch Account Number at Financial Institution

_____ _____

City Signature

Date _____

Transit Routing Number Account Number information