

New Mexico State University Foundation, Inc.

P. O. Box 3590, Las Cruces, NM 88003-3590 Telephone (575) 646-6125 or (800) 342-6678 extension 6-6125



Direct Gift Authorization

We are pleased to offer you a new service- *Direct Gift*. Now you can have your gift deducted automatically from your checking or savings account.

Direct Gift will help you in several ways:

- It saves time - fewer checks to write.
- Helps meet your commitment in a convenient and timely manner-even if you're on vacation or out of town.
- It saves postage.
- It's easy to sign up for, easy to cancel.

Here's how *Direct Gift* works:

You authorize regularly scheduled gifts to be deducted from your checking or savings account. Then, just sit back and relax. Your gifts will be automatically deducted from your account on the specified day and proof of payment will appear on your statement. The authority you give us to charge your account will remain in effect until you notify us in writing to terminate the authorization or until the date specified below.

Direct Gift is dependable, flexible, convenient and easy.

To take advantage of this service, complete this authorization form and return it to:

NMSU Foundation, Inc.
P.O. Box 3590
Las Cruces, NM 88003-3590

All you need to do is:

1. Mark the box to indicate whether your gifts will be deducted from your checking or savings account.
2. Fill in the name of the fund to which you wish to donate and the fund number, if it is available to you.
3. Choose whether gifts are to be made monthly, quarterly, or annually and effective dates.
4. Fill in your financial institution name and location.
5. **Please make sure to attach a Voided Check** for verification of all financial institution information. If you are unable to attach a voided check, please fill in your account number and bank routing number.
6. Fill in your name, address, and telephone number.

NOTE: Be sure to sign and date the form!

I authorize **New Mexico State University Foundation, Inc.** to initiate electronic debit entries to my

(Choose one) Checking account or Savings account

for payment of my pledge to (Name of fund) _____.

(Optional) Foundation fund number _____.

Please debit my account in the amount of \$ _____ beginning on (date) ____/____/____.

(Choose one period only)

Semi-monthly – 15th & Last day of month

Monthly- (Choose one)

15th of the month

(OR)

Last day of the month

Quarterly – Last day of month

Annual

Specify date: ____/____/____.

(Choose one)

This authority will remain in effect until (date) ____/____/____. My **total** gift will be \$ _____.

OR

This authority will remain in effect until I have cancelled it in writing.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name (please print) _____

Financial Institution City and State _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Signature _____ Date _____

Print Name _____ Address _____

City _____ State _____ Zip Code _____ Telephone _____

**THANK YOU FOR "DOING WHAT COUNTS" FOR NEW MEXICO STATE UNIVERSITY.
PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS.**

Staple Voided Check Here