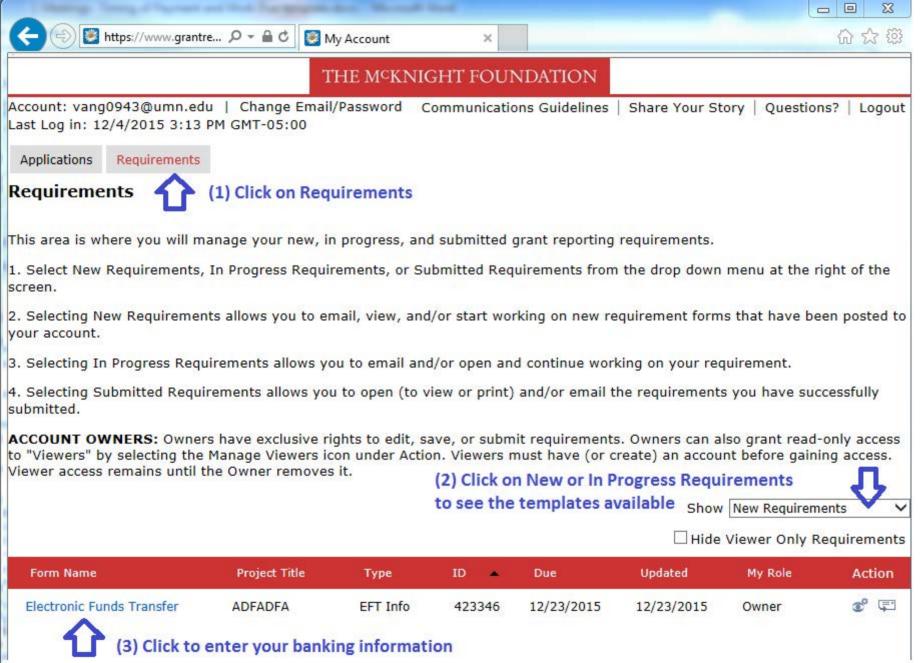
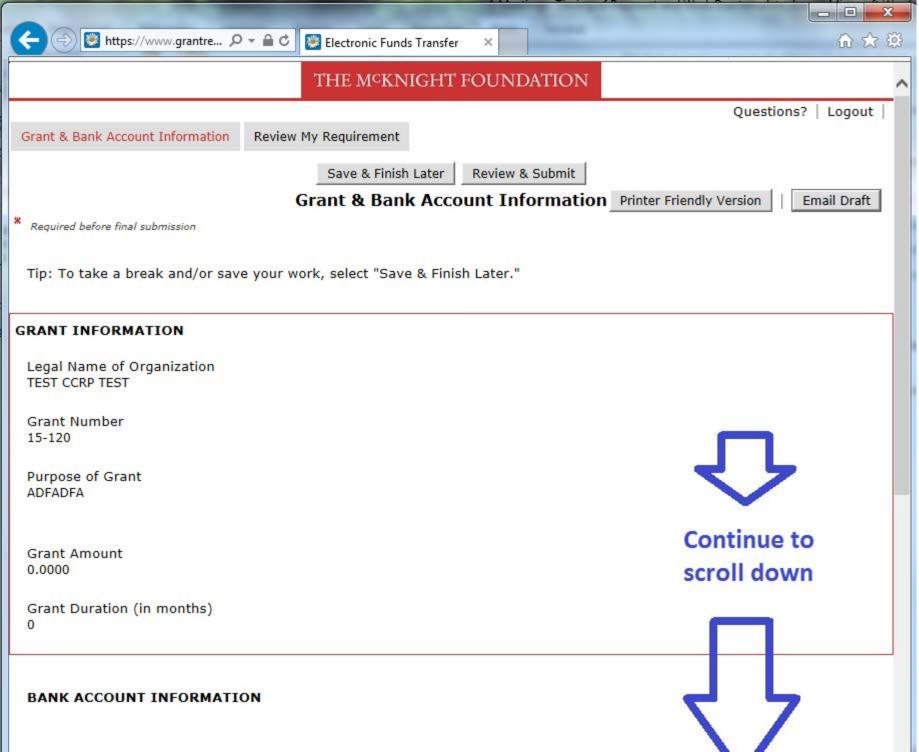


- (5) If you do not know your username or want to change the username on file, contact kvang@mcknight.org
- (6) If you do not know your password, then click on "Forgot Password?" to send a new one to your email





If your organization's routing instructions change at any time, please be certain to inform us. Please be assured that your banking information will be protected and held in a secure location.

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* Finance Staff Full Name  Full name of financial person at your organization to contact if we have questions regarding your bank information.	
* Finance Staff Email  Email address of financial person at your organization to contact if we have questions regarding your bank information.	
** Bank Routing Number (ABA #)  Must be nine digits	(1)
	(1)
* Name of Bank or Financial Institution	Fill out the sections
* City, State Where Bank is Located  Format as City, State	requested
* Bank Account Number  No dashes or spaces	
* Type of Account (Checking or Savings)  Select from the drop-down menu. We cannot send ACH payments to investment accounts. Please ensure that your bank account is set u	to receive ACH payments
<none> V</none>	
** Bank Account Name Must contain name of organization	

By clicking on "Review & Submit" below, I authorize The McKnight Foundation (McKnight) to deposit payments directly to the account specified above (the Account) by initiating credit entries to the Account electronically and I authorize the financial institution named above to credit the same to the Account. If McKnight transfers funds to the Account in error, I authorize McKnight to direct the financial institution to return said funds, and I authorize the financial institution to debit the same to the Account. This authorization will remain in effect until McKnight has received written notice of termination from me, or an organization representative, in such time and manner to afford McKnight a reasonable opportunity to act on it.



