

MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT) via **ACH**

For deposit into USA based checking or savings accounts only

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. All fields are required, unless otherwise noted.
2. Gather bank account information from banker, statement, or check. And double-check all entries.
3. We cannot send ACH payments to investment accounts—checking or savings accounts only.
4. Please only provide information for bank accounts based in the USA. For payment to bank accounts outside of the USA, please request our *wire transfer* form.
5. Please ensure that your bank account is set up to receive ACH payments.
6. **Provide an ACH or check routing number only**. Some banks have separate routing numbers for wire transfers—if you provide a wire routing number, payment will fail.
7. Please contact accounting@mcknight.org with any questions.

I authorize McKnight Endowment Fund for Neuroscience and US Bank to initiate electronic credit entries to my bank account. This authority will remain in effect until McKnight has received written notice of termination from me, or a company representative, in such time and manner to afford McKnight a reasonable opportunity to act on it.

BANKING INFORMATION:

Full Legal Name of Individual or Organization

Bank Account Name *(If other than legal name)*

Bank Name and location

Type of account (checking or savings only)

Principal Investigator (if applicable)

ROUTING NUMBER

(ACH or check routing #s only—no wire routing #s!)

BANK ACCOUNT NUMBER

(Please double check to confirm your entry!)

CONTACT INFORMATION (for payment notification):

Email address

Phone number

Additional email address *(optional)*

Authorized Contact Name (Please Print)

Signature

Date

For internal use: Is this a new vendor or an update to existing info? _____

Form last updated 8/23/19