

THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE

AUTHORIZATION AGREEMENT FOR **ACH TRANSFER OF FUNDS** For deposit into U.S.A. Checking or Savings account only

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. All fields are required, unless otherwise noted. Please type or print clearly.
2. Gather bank account information from banker, statement, or check. Please do not use a deposit slip to complete this form.
3. To ensure accuracy, please submit to bank representative prior to submitting to McKnight Endowment Fund for Neuroscience (MEFN).
4. We cannot send ACH payments to investment accounts.
5. Please provide information for a U.S.A. checking or savings account only. For payment to foreign bank accounts complete our *wire transfer* form.
6. Please ensure that your bank account is set up to receive ACH payments.
7. **RETURN COMPLETED FORM BY MAIL, EMAIL OR FAX:**

Mailing Address: 710 South Second Street, Suite 400, Minneapolis, MN 55401

Telephone Number: (612) 333-4220 Fax Number: (612) 332-3833 Email Address: accounting@mcknight.org

I authorize The McKnight Endowment Fund For Neuroscience (MEFN) and US Bank to initiate electronic credit entries to my bank account. MEFN may also debit my account only under the circumstance that a credit entry has been made in error. This authority will remain in effect until MEFN has received written notice of termination from me, or a company representative, in such time and manner to afford MEFN a reasonable opportunity to act on it.

Full Legal Name of Individual or Organization

Beneficiary Account Name (If other than legal name)

Telephone Number of Individual or Organization

Email Address (For remittance notification)

Bank Name, City, and State

(Ex. U.S. Bank, Minneapolis, MN)

Additional Email Address (optional)

Principal Investigator (if applicable)

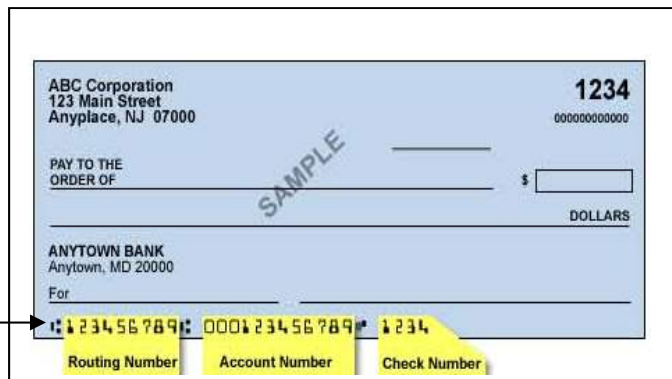
TYPE OF ACCOUNT: Checking Savings

ABA TRANSIT ROUTING # **USED FOR ACH TRANSFERS ONLY:**

The 9 digits preceding your account number

ACCOUNT # – **BE SURE TO REVIEW YOUR ENTRY:**

Include leading and ending zeros, do not include check #



Please note this is a generic example – your check format may vary. Please also note that the correct routing number for ACH payments may be different from what is printed on your check. Please consult your bank representative for assistance.

Authorized Contact Name (Please Print)

Signature

Date