

# The McKnight Endowment Fund for Neuroscience

710 South Second Street, Suite 400  
Minneapolis, Minnesota 55401

## **AUTOMATED CLEARING HOUSE (ACH) PAYMENT AUTHORIZATION AGREEMENT**

I authorize The McKnight Endowment Fund for Neuroscience (MEFN) to deposit payments directly to the Account specified below (the Account) by initiating credit entries to the Account electronically and I authorize the financial institution named below to credit the same to the Account. If MEFN transfers funds to the Account in error, I authorize MEFN to direct the financial institution to return said funds, and I authorize the financial institution to debit the same to the Account. 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.

**PLEASE SELECT FROM THE OPTIONS BELOW: (check only one box)**

- New Instruction** – direct deposit of payments will take effect two pay cycles after the authorization is received.
- Change of Account Information** – direct deposit of payments will take effect at least two pay cycles after the new authorization is received.
- Termination** – I am requesting the termination of my option for direct deposit.

\_\_\_\_\_  
**Name of Financial Institution**

\_\_\_\_\_  
**Financial Institution Street Address**

**ABA TRANSIT ROUTING #**

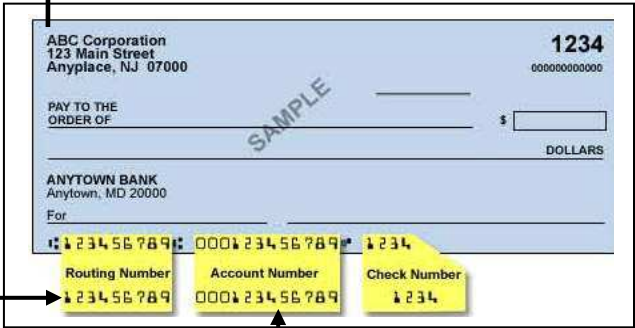
The 9 digits preceding your account number

**ACCOUNT #**

\_\_\_\_\_  
**Account Title (Name of Account at Financial Institution)**

\_\_\_\_\_  
**City, State, and Zip Code**

**TYPE OF ACCOUNT:**      **Checking**      **Savings**  
                                     



\_\_\_\_\_  
**Payee Name (Account Holder Name: Individual or Organization)**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, and Zip Code**

\_\_\_\_\_  
**Contact Person Name and Title, if applicable**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

**Telephone Number: (612) 333-4220**

**Fax Number: (612) 332-3833**

**Email Address: [accounting@mcknight.org](mailto:accounting@mcknight.org)**