

EXHIBIT K

NEIGHBORWORKS® AMERICA
NON PAYROLL DIRECT DEPOSIT (ACH) ENROLLMENT FORM

DECLINES PARTICIPATION (CHECK HERE AND COMPLETE NAME ONLY) _____
ACCEPTS (COMPLETE FORM BELOW) _____

PAYEE/COMPANY INFORMATION:

1. Name: _____
2. SSN or Taxpayer ID Number: _____
3. Street: _____
4. City & State: _____
5. Zip Code: _____
6. Telephone: _____
7. Fax Number: _____
8. Contact Name: _____
9. Contact Signature & Date: _____
10. E-Mail Address: _____

FINANCIAL INSTITUTION INFORMATION

1. Name:
2. Telephone Number:
3. Street:
4. City, State, Zip:
5. Nine Digit Routing Transit Number (ABA):
6. Account Type (Checking or Savings):
7. Account Number:

***Please attach a voided check or deposit slip.**

