

REQUEST FOR DIRECT DEPOSIT OF FUNDS

NAME OF TRUST ACCOUNT Community College League of CA CGA Reserves

I hereby authorize U.S. Bank National Association (my fiduciary or agent, or affiliate thereof), to initiate Automated Clearing House credit entries to my Checking or Savings Account as indicated below, and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

ALL OF THE REQUESTED INFORMATION MUST BE COMPLETED

REQUESTED ACTION (Check appropriate box)

Deposit to Checking Account Number _____
Bank Name/Address _____
Routing and Transit Number _____

ATTACH SAMPLE BLANK CHECK MARKED "VOID"

Deposit to Savings Account Number _____
Bank Name/Address _____
Routing and Transit Number _____

This authority is to remain in full force and effect until U.S. Bank National Association has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act.

If any payments are made by U.S. Bank National Association and deposited pursuant to this authorization in error or subsequent to date of my death, I hereby authorize U.S. Bank National Association to charge (debit) my account in the amount of such payments, and I also direct said DEPOSITORY to refund the same to U.S. Bank National Association and charge any such payments to my account.

Name of Customer: _____

Social Security Number: _____

Address: _____

Signature: _____

Date Signed: _____