



**Disaster Relief Grant  
Electronic Transfer of Funds**

Please type or write clearly to ensure proper payment can be processed.

<b>First &amp; Last Name:</b>	
<b>Financial Institution Name:</b>	
<b>Routing Number:</b>	
<b>Checking Acct # Savings Acct #</b>	

By submitting this form, I certify that the Financial Institution Name, Routing Number, and Account Number I have provided is correct.

**Return Form To:**

**Rita Fillingane  
VP, Research & Collaboration  
California and Nevada Credit Union  
Leagues  
Email: [ritaf@ccul.org](mailto:ritaf@ccul.org)  
Fax: 909-390-7053**