



Star USA Federal Credit Union Authorization for Transfer

Member Number: _____

Member Name: _____

Company Number: _____

Pay Period: _____

_____ 1st and 2nd pay of month (Bi-weekly)

_____ Monthly

TRANSFER FROM: _____ Share _____ Share Draft (Checking)

TRANSFER TO: Member #: _____

Share Type: _____

Amount: \$ _____

Member #: _____

Loan #: _____

Amount: \$ _____

OTHER: Member Name: _____

Member #: _____

Share Type: _____

Amount: \$ _____

I hereby authorize the Credit Union to make the transfer(s) designated above.

Member Signature

Date

