



Star USA Federal Credit Union
Automated Clearing House Origination Request

I hereby authorize STAR USA Federal Credit Union, hereinafter called STAR, to initiate () credit or () debit (select one) entries to my () Checking or () Savings account, (select one) indicated below at the other depository financial institution named below, hereinafter Other Depository, and to credit or debit the same to such account. This origination request must be received at least three banking days before the scheduled date of the transfer.

Other Depository Name: _____

City: _____ State: _____

Routing Number _____

Account Number _____ Checking ____ Savings ____ (please select one)

This authorization is to remain in full force and effect until STAR has received written notification from me of its termination in such time and in such manner as to afford STAR and Other Depository a reasonable opportunity to act on it.

Name: _____
(please print)

Credit Union Account Number: _____

Share/Savings Type: Share: _____
Checking: _____
Share Plus: _____
Other: _____

Loan Type: Auto: _____
Mortgage: _____
Other: _____

Member Signature _____

Date _____

Amount to be transferred: _____

Frequency of transfer: _____

Date of First Transfer: _____

Authorized Credit Union Representative Signature: _____

Member Authenticated by __ In Person __ By Phone Telephone Number Called _____

Method of Authentication _____

Staff Initial _____

New Origination
Verification _____

