



**Star USA Federal Credit Union
Automated Clearinghouse Origination Cancellation Request**

I hereby authorize Star USA Federal Credit Union, hereinafter called STAR, to cancel the () credit or () debit (select one) entries to my () Checking or () Savings account (select one) at the other financial institution named below. **This cancellation 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: _____

Name: _____
(please print)

Credit Union Member Number: _____

Amount: _____

Members Signature: _____

Date: _____

For Credit Union Use:

Date of Cancellation: _____

Authorized Credit Union Representative Signature: _____

