



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.

Other Depository Name: _____

City: _____ State: _____

Routing Number: _____

Account Number: _____

Name: _____
(please print)

Date: _____

Credit Union Member Number: _____

Cancellation Authorized Signature: _____

Date: _____

For Credit Union Use:

Date of Cancellation: _____

Authorized Credit Union Representative Signature: _____

