



**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: \_\_\_\_\_

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For Credit Union Use:

Date of Cancellation: \_\_\_\_\_

Authorized Credit Union Representative Signature: \_\_\_\_\_

