



DIRECT DEPOSIT APPLICATION

Authorization Agreement for Direct Deposits (ACH Credits)

Employer Name/Company: _____

I hereby authorize _____ to initiate credit entries into
(Employer Name/Company Name)
my account as indicated below:

Financial Institution: Star of Texas Credit Union

Address: 114 East Huntland Drive Austin, Texas 78752

Phone: 512-458-8253

Routing Number: 314977162 **Account Number:** _____

Distribution:

Net Pay (full check) to Star of Texas Credit Union account # _____	Checking	Savings
Split \$ _____ to Star of Texas Credit Union account # _____	Checking	Savings
Split \$ _____ to Star of Texas Credit Union account # _____	Checking	Savings
Split \$ _____ to Star of Texas Credit Union account # _____	Checking	Savings

(Member/Employee Signature) (Print Name) (Date)