WYO-STAR
Electronic Funds Transfer Request

Name of Participant:_____
Address:_____
City/Zip:_____Phone:_____
WYO-STAR Account #:_____

Bank Name:_____
Bank Routing Number (For ACH Transaction):_____
Bank Account Number:_____

Bank Account Type (check one):
_____Checking Account _____Savings Account

Check option request (check one):
_____Debit bank account _____Credit Bank Account
(i.e. invest in WYO-STAR) (i.e, Withdrawal from WYO-STAR)

Amount Requested: $_____

Transfer authorized by: _____

_____

_____

_____

Note: Must be signed by an authorized signatory on the above listed account. If more than one signature if required, this document must be signed by the authorized number of signatories.

Date: _____

Please scan and email to wyostar@wyo.gov