

**WyoSTAR**  
**Electronic Funds Transfer Request**

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

WyoSTAR 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  
(i.e. invest in WyoSTAR)

\_\_\_\_\_ Credit Bank Account  
(i.e. Withdrawal from WyoSTAR)

Amount Requested:    \$ \_\_\_\_\_

Transfer authorized by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date: \_\_\_\_\_

Please scan and email to [wyoestar@wyo.gov](mailto:wyoestar@wyo.gov)