

WyoSTAR II
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