

South Texas Area Resources Credit Union Direct Deposit Form

Please complete the direct deposit form and forward it to your employer's payroll department for faster processing.

Authorization Code: New Change Cancel

I hereby authorize the employer listed below to electronically credit my account (and, if necessary, to electronically debit my account to correct erroneous credits).

Checking Account #: \$

Savings Account #: \$

I agree that ACH transactions I authorize comply with all applicable law. I understand that this authorization will remain in full force and effect until I notify the employer in writing that I wish to revoke this authorization.

Depository Financial Institution Information	Account Holder Information
Financial Institution: South Texas Area Resources	Name on the Account(please print):
Address: 10429 Leopard Street	SS#:
City, State, Zip: Corpus Christi, TX 78410	Signature:
	Date:
Employer Information	
Employer's name:	
Address:	
City, State, Zip:	

314978598 Transit Routing Number (ABA)

STAPLE VOIDED CHECK HERE
