

ACH or Wire Instruction Authorization Agreement



I would like to: Add Delete

Instruction type: ACH Wire

STAR Ohio Account Number _____

Name of Subdivision _____

Address _____

Telephone _____

Financial Institution Name _____

Financial Institution Address _____

Routing/ ABA Number _____

Account Number _____

Account Type (select one): Checking Savings

Bank Owner _____

F/C Account: _____

Activate these instructions for web redemptions: Yes No

This authorization will remain in force and effective until STAR Ohio receives written notification by an individual authorized to direct changes on behalf of the subdivision.

Authorized Signature _____

Federal ID Number _____ Date _____

Submit the signed instruction authorization agreement to STAR Ohio Client Services by mail or fax:

Mailing Address: STAR Ohio P.O. Box 7177
6125 Memorial Drive
Dublin, OH 43017
Fax: (614) 923-1149

Please call STAR Ohio Client Services at (800) 648-STAR (7827) with questions regarding this form.