

PO Box 94138 | Las Vegas NV 89193 (702) 791-4777 | (800) 729-9328

www.weststar.org

Direct Deposit Form

Please take this completed form to you	r employer	's personnel d	epartm	nent.	
Name:					
Address:					
City, State, Zip:					
Amount to be Direct Deposited (a	dd all acc	ounts that a	pply)		
Account #	_	Checking		Savings	
Amount to be deposited \$	_ OR	%	OR	Net	
Account #	_	Checking		Savings	
Amount to be deposited \$	OR	%	OR	Net	
Account #	_	Checking		Savings	
Amount to be deposited \$	_ OR	%	OR	Net	
Account #	_	Checking		Savings	
Amount to be deposited \$	_ OR	%	OR	Net	
WestStar's Routing & Transit Num	ber is 322	24-8463-4			
*If you wish for your ENTIRE payroll	to be direct	deposited, plea	ise chec	k the "Net" box	
I hereby authorize my employer to direct depo until further notice from me, into the above W supersedes any previous forms.					
Signature		Date			
Direct deposit may take up to 2 to 3 payroll department for further details. You may be	-		_		nnel

WestStar Credit Union authorization is not required for direct deposit to be activated.

employer for direct deposit to be activated.