DIRECT DEPOSIT INSTRUCTION FORM

Participant Name: _____

Date Requested: _____

****

Please indicate the TexSTAR Account Number to credit for your direct deposit(s):

Account Number: _____

****

Please check every type of direct deposit that will be made to your TexSTAR Account:

☐ Sales Tax ☐ Mixed Beverage Tax ☐ Texas Higher Education

☐ MHMR ☐ TEA ☐ Other _____

****

_____ _____
Authorized Representative Signature Title

_____ _____
Printed Name Date

_____ _____
Authorized Representative Signature Title

_____ _____
Printed Name Date

Please complete this form either all typed or all handwritten with original signatures.
Forms with alterations (i.e. white out, mark out, etc.) or electronic signatures will **NOT** be accepted.

TexSTAR Participant Services
Email forms to: texstar@hilltopsecurities.com
Phone: 800.839.7827 * Fax: 214.953.8878