

ONE-TIME ACH PAYMENT AUTHORIZATION

Thank you for considering SkyOne Federal Credit Union dba Greenwell Financial ("Greenwell Financial"). To begin processing your application, we require a one-time, non-refundable application fee. Please provide your authorization below.

Business Name:		
Responsible Individual Name:		
Application Fee Amount Authorized:		
Financial Institution to Debit:		
Name on Account:		
Account Number:		
Routing Number:		
Account Type:	Checking	Savings
Account Classification:	Customer Account	Business Account

Authorization

I acknowledge that I am an owner of (or an authorized signer on the) above referenced account(s). I authorize Greenwell Financial to initiate a one-time ACH debit transfer of funds from the above stated account for credit to the Greenwell Financial and that the remittance of the ACH debit transfer (transaction) from my account(s) must comply with the provisions of state, federal, and NACHA regulatory guidelines inclusive of Greenwell Financials' ACH requirements, as noted in Greenwell Financials' All-in-One Account Disclosure.

This authorization is valid only to initiate a one-time ACH debit transfer of funds from the account listed above to credit Greenwell Financial to fulfill the requirement to transfer funds via ACH to Greenwell Financial. This authorization will not be applied to any other transaction(s) on the account listed above or Greenwell Financial apart from our obligation to transfer funds via ACH on a one-time basis. An ACH debit transfer of funds is available only between financial institutions located in the United States.

If an ACH transfer cannot be made, with or without cause on your part based on instructions provided by you to Greenwell Financial, Greenwell Financial shall be under no liability whatsoever. Cancellation of the original request inclusive of the original ACH Origination Form submitted to initiate the one time debit or ACH transaction must be submitted in writing in such time and in such manner as to afford Greenwell Financial and the Financial Institution a reasonable opportunity to act on the cancellation request.

Signature

Date