Official Check Order Form
Agreement and Disclosure Statement

SECTION 1

NAME:	MEMBER NUMBER:	SHARE ID #:
SELECT ONE: ◯ Primary Owner ◯ Joint Owner/Authorized Signer		

SECTION 2

I hereby request that SkyOne FCU issues an Official Check utilizing the funds from the above listed member number and share account to the following payee(s): _____ _____ Is the check payable to yourself? ◯ Yes ◯ No ☐ I would like my check expedited and agree to pay the additional fee of $35.00. *FedEx Priority Overnight service, excluding holidays and weekends; will arrive next business day.*	CHECK AMOUNT:	$
	CHECK FEE:	$
	EXPEDITED FEE:	$
	TOTAL WITHDRAWAL:	$

SECTION 3 | DISCLOSURE INFORMATION

I understand that I must supply you with the exact information regarding the issuance of the Official Check, which includes the amount, the membership and share to withdraw the funds from, the payee, and the date in which the item is to be issued. If I do not supply you with complete and accurate details, I agree to hold SkyOne Federal Credit Union dba Greenwell Financial harmless for payment of the listed Official Check.

I understand and acknowledge that if the listed Official Check has been lost, stolen, or destroyed I may submit a written request to resist payment. I also acknowledge and understand that if I submit a stop payment order I will not receive reimbursement for the listed check until the later of ninety (90) days after the date the item was issued or the date of the stop payment order. In addition, I agree to all of the terms listed on SkyOne Federal Credit Union Official Check Stop Payment Indemnity Agreement. If payment is made to me and the Credit Union must make subsequent payment on the check to a holder in due course, I agree to promptly refund the payment made to me. If the Credit Union pays the amount of the check to me, I agree to indemnify, defend, and hold the Credit Union harmless from any and all third party claims upon the Credit Union related to the check. In the event you need assistance placing a stop payment on this check please contact us at 800.421.7111.

By signing this Official Check Order Form, Agreement, and Disclosure Statement I agree to the above disclosure and accept and agree to all of the terms listed.

SIGNATURE:	DATE:
PRIMARY IDENTIFICATION #:	
☐ Driver License ☐ State ID ☐ Military ID ☐ Passport ☐ Permanent Residence Card	

SECTION 4 | FOR INTERNAL USE ONLY

CHECK NO.:	APPROVED BY: