



Completion of the ACH form is REQUIRED for all loan closing

Sky Equity LLC

Authorization for Direct Payment Form

Enroll

Change

Cancel

IMPORTANT: Please read before completing, signing and submitting.

I hereby authorize Sky Equity LLC and its affiliates, either directly or through its online service provider, to initiate a debit entry to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize my Bank to accept and to charge any debit entries indicated by Sky Equity LLC or its affiliates either directly or through its online service provider, to my account. In the event that Sky Equity LLC charges funds erroneously into my account, I authorize Sky Equity LLC, either directly or through its online service provider, to credit my account for an amount not to exceed the original amount of the erroneous debit.

This authorization is to remain in full force and effect until Sky Equity LLC and my Bank have received **written** notice from me of its termination in such time and in such manner as to afford Sky Equity LLC and my Bank reasonable opportunity to act on it.

I agree to keep enough funds in my account to cover the transaction. If not, I will be responsible for all applicable charges.

Company Name: _____ Tax ID No.: _____

Authorized Signature/Title: _____ Date: _____

Please attach a voided check for the checking account.

Account Information:

Bank Name: _____

Routing Number: _____ Checking Acct. #: _____

Debit Amount \$ _____ Monthly 1st of month () 5th of month () 10th of month ()
or

Debit Amount \$ _____ Weekly