

ACH Loan Payment - Cancel Origination

| Member Name | | Account # |
|--------------------------------|--------------------------------|---|
| I (We) wish to cancel the | ne ACH Loan Payment Ori | igination Agreement being drafted |
| | | in the amount of \$ |
| Financ | cial Institution | |
| for my | | |
| Loan Typ | е | |
| I understand SkyOne a request. | and the Financial Institution | must have a reasonable opportunity to act on my |
| Signature: | | _ Date: |

Scan and email the form:OperationsSupport@SkyOne.org

Fax: SkyOne Federal Credit Union ATTN: Operations Support

310.491.7410

Mail: SkyOne Federal Credit Union ATTN: Operations Support

P.O. Box 5003 Hawthorne, CA 90250