

BANK DRAFT REQUEST FORM - SKYLINE / SKYBEST

New Bank Draft

Change Bank Draft

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (s) to Draft: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Checking Account (voided check attached)

Savings Account:  
Routing / Transit Number \_\_\_\_\_

Date of Application: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

SkyLine/SkyBest Representative: \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**