

Automatic Payment Notice

This form can be used to complete one of the following (please select one):

- Cancel an existing automatic payment to a third party payee
- Change an existing automatic payment from one bank account to a new bank account

You will need to complete a form for each payment. Please make copies of this form if necessary.

Name:		Social Security #:	
Company to Receive Payment:			
Address:		Phone:	
City:	State:	Zip:	
Amount of Payment:		Account #:	

Previous Financial Institution Information			
Institution:		Account #:	
Address:			
City:	State:	Zip:	

NEW Financial Institution Information			
Account #:			
Metro Credit Union 200 Revere Beach Parkway Chelsea, MA 02150		Routing #: 211381990	
		Phone: 877-MY-METRO	
		Fax: (617) 889-7776	

Authorization	
IMPORTANT – READ BEFORE SIGNING: By signing below, I authorize you to establish, cancel or modify my automatic payment as designated above.	
Signature (Account Owner):	Date: