



Express Pay Request Form for Line of Equity and Mortgage

Withdrawal Account Detail (Financial Institution that payment is coming from)

Withdrawal Account Type (check one): Checking Savings

Withdrawal Account Number: _____

Name(s) on Withdrawal Account: _____

Names of Financial Institution: _____

Address of Financial Institution: _____

Phone Number of Financial Institution: _____

Routing Number of Financial Institution: _____

Recipient Loan Payment Detail (Metro Credit Union)

Loan Number: _____ or

Member Number: _____ Suffix: _____

Transfer Payment Amount (check one): Scheduled Payment

Set Amount of \$ _____

Transfer Start Date: ____/____/____

(For Line of Equity, please choose a date from the 10th through the 28th)

Transfer End Date: Until further notice from the member

Until ____/____/____

Transfer Frequency: will be transferred on a monthly or biweekly basis, according to the term of loan.

For Mortgage Servicing use only:

Received by: _____

Received date: ____/____/____ Submit to Deposit Operations Date: ____/____/____



Terms and Conditions of Agreement

I/We, _____, hereby authorize Metro Credit Union to
(PRINT NAME)

process an electronic withdrawal from the designated withdrawal account to be applied to the designated loan account. I/We understand that this is an automatic electronic withdrawal and that the funds must be available in the withdrawal account prior to the due date to insure proper payment. This does not include the grace period. Furthermore, this order is subject to cancellation by Metro Credit Union in cases of consistent insufficient funds in the withdrawal account. These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. I/We may terminate or modify this authorization by giving Metro Credit Union 30-days written notice.

In the event that the Depository for any reason returns a debit entry, which has been properly initiated by Metro Credit Union, I/We understand that Metro Credit Union will not process the loan payment, and that I/We will be responsible for remitting my/our loan payment to Metro Credit Union. Metro Credit Union will notify me/us if a debit entry is returned unpaid. I/We understand that Metro Credit Union and the Depository will be responsible for any returned debit entry only to the extent provided by applicable law or regulations.

Metro Credit Union will assess a fee of \$25.00 for any debit entry, which Metro Credit Union has properly initiated and is returned unpaid by the Depository for any reason. This fee will be charged in addition to any late charge imposed by Metro Credit Union in accordance with the terms and conditions of my/our loan.

Metro Credit Union may, at its discretion, terminate this agreement if two or more properly initiated debit entries are returned unpaid by the Depository for any reason.

All one-time authorizations must be received by 3:30 PM on the day before the credit will be applied. All recurring entries will be prenoted for accuracy. Therefore all reoccurring authorizations must be received no less than six (6) days prior to the date of the credit entry.

Member Name Member Signature Date

Member Name Member Signature Date

Employee (required if performed in person) Branch Date

Mail form to: Metro Credit Union, Mortgage Servicing, PO Box 9100, Chelsea, MA 02150
Or Fax form to: 1-617-488-5440

For Deposit Operations use only:
Date Received: ____/____/____ Date Entered: ____/____/____
Completed By: _____