



Member Name: \_\_\_\_\_

Request Type:  New Transfer     Change     Stop

**Payment To:**

Loan Account #: \_\_\_\_\_

Loan Type (choose one):  Auto Loan     Personal Loan     Mortgage

**Withdrawal From:**

Withdrawal Account #: \_\_\_\_\_

Withdrawal Account Type (choose one):  Checking     Savings

Name(s) on Withdrawal Account: \_\_\_\_\_

*If from an External Account other than Metro Credit Union:*

Name of Financial Institution: \_\_\_\_\_

Routing Number of Financial Institution: \_\_\_\_\_

**Payment Amount Details:**

*Transfer Date and Frequency will be based on the terms of your loan (monthly, biweekly, etc.)*

Transfer Amount\* (choose one):

Scheduled Payment

Scheduled Payment *plus* the following Excess Amount to Principal: \$ \_\_\_\_\_

**Member Acknowledgments:**

This transfer will remain in effect until you request a Change, Cancellation, or the Loan is paid in full.

Auto and Consumer Loans – I acknowledge that my loan can only be paid ahead up to 60 days and that while payments are on automatic transfer or when making “pay ahead” payments, I may not receive a recurring bill or notice for payment. Please note interest continues to accrue daily during this time. I further acknowledge that if I make a payment independently, the automatic payment will still be deducted from the account as instructed.\*

Mortgage Account Members – Please note, if there is an increase of payment amount due to a change in your escrow, your payment transfer will be changed to the new payment amount.

I authorize Metro Credit Union to process an electronic debit from the above account to be applied to the designated loan. I will be charged the applicable return transaction fee, found on the Fee Schedule, when payments are returned. In the event that the depository for any reason returns an entry, which has been properly initiated by Metro Credit Union, I understand that Metro will not process the loan payment and I will be responsible for remitting my loan payment to Metro Credit Union. This order is subject to cancellation by Metro Credit Union in cases of consistent insufficient funds from the withdrawal account. I may terminate or modify this authorization by giving Metro Credit Union 30 days written notice. By signing this authorization, I acknowledge that I have read and agree to the conditions set forth in this agreement.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_