



Express Pay Request Form for Home Equity Line of Credit

Member Name: _____

New

Change

Cancel

Withdrawal Account Detail (FINANCIAL INSTITUTION THAT FUNDS ARE COMING FROM)

Withdrawal Account Type (check one):

Checking

Savings

Withdrawal Account Number: _____

Name(s) on Withdrawal Account: _____

Name of Financial Institution: _____

Routing Number of Financial Institution: _____

Metro Home Equity Line of Credit Information:

Account Number: _____

Transfer Start Date: ____/____/____

(Please choose a date from the 10th through the 28th. If date not selected, payment will transfer on the 15th.)

Transfer Amount (Choose one):

Minimum Payment

Set 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 Name	Member Signature	Date
_____	_____	_____
Member Name	Member Signature	Date

For Mortgage Servicing use only:

Date Received: ____/____/____

Date Entered: ____/____/____

Completed By: _____

For Deposit Operations use only:

Date Received: ____/____/____

Date Entered: ____/____/____

Completed By: _____