



Express Pay Request Form for Consumer Loans

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 Loan Information:

Account Number: _____

Loan Suffix: _____

Scheduled Payment Amount: \$ _____

Additional Principal Amount: \$ _____

Total Transfer Payment Amount: \$ _____

Transfer Start Date: _____/_____/_____ Transfer End Date: _____/_____/_____

Transfer Frequency (Choose one):

One Time

Weekly

Bi-Weekly

Monthly

Semi-Monthly

Quarterly

Semi-Annually

Annually

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 Deposit Operations use only:

Date Received: _____/_____/_____

Date Entered: _____/_____/_____

Completed By: _____