



Automatic Payment for Lines of Credit or Mortgages

Request Type: New Transfer Change Recurring Transfer Stop Recurring Transfer

Member Name:

From Account Number and Suffix:

To Loan Account Number and Suffix:

Transfer Amount: Minimum Payment Set Amount: \$

Transfer Start Date: Month/Day/Year

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.

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

I authorize Metro Credit Union to process the electronic transfer indicated above. 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: _____

FOR INTERNAL USE ONLY

Mortgage Servicing must process the form prior to Deposit Operations processing.

Mortgage Servicing: Completed By: _____

Date Received: _____ Date Entered: _____

Deposit Operations: Completed By: _____

Date Received: _____ Date Entered: _____