



Express Pay Request Form for Mortgages and Second Mortgages

Member Name: _____

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: _____

Transfer Start Date: ____/____/____
(Transfer Frequency: will be transferred monthly or biweekly based on terms of your loan.)

Transfer Amount (Choose one):

Minimum Payment Minimum Plus Additional Principal Amount: \$ _____

(Please note: If there is an increase or decrease in payment amount due to an increase or decrease in escrows, your payment will change to reflect that.)

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: _____	