



Authorization for Automatic Loan Payments

Please fill out form and mail to address below.

Mail to:

Metro Credit Union

Att: Consumer Lending, 200 Revere Beach Parkway P.O. Box 9100, Chelsea, MA 02150-9100

New Change Stop

Member Name(s): _____

I/we authorize Metro Credit Union to deduct my/our loan payment on an automatic basis from the account listed below:

Account Number: _____

Suffix: _____

Account Owner (If Different): _____

Payment Amount: \$ _____

Frequency:

Weekly Bi-weekly

Semi-monthly Monthly

Transfer Instructions:

For _____ Months until _____ (Specific Date) OR Until Further Notice

I/we acknowledge that while payments are on automatic transfer, I/we will not receive a notice for payment; however, the loan information will appear on my/our primary account statement. I/we further acknowledge that if I/we make a payment independently, the automatic payment will still be deducted from the account as instructed.

Borrower Signature

Date

Co-Borrower Signature

Date