



# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_\_