



Member Name: _____

Request Type: New Transfer Change Stop

Payment To:

Loan Account #: _____

Loan Type (choose one): Auto Loan Personal Loan Mortgage

Withdrawal From:

Withdrawal Account #: _____

Withdrawal Account Type (choose one): Checking Savings

Name(s) on Withdrawal Account: _____

If from an External Account other than Metro Credit Union:

Name of Financial Institution: _____

Routing Number of Financial Institution: _____

Payment Amount Details:

Transfer Date and Frequency will be based on the terms of your loan (monthly, biweekly, etc.)

Transfer Amount* (choose one):

Scheduled Payment

Scheduled Payment *plus* the following Excess Amount to Principal: \$ _____

Member Acknowledgments:

This transfer will remain in effect until you request a Change, Cancellation, or the Loan is paid in full.

Mortgage Account Members – 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.

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 Signature: _____

Date: _____