



Boston College Change/Stop Form

Please deliver the completed form to Boston College's Human Resource Center, 129 Lake Street.

Membership <input type="checkbox"/> Single <input type="checkbox"/> Joint	ACCOUNT NO.	Eagle I.D. Number:
	NAME (PRINT)	
SIGNATURE _____		

I/We hereby make application for membership in Metro Credit Union. I/We hereby agree to the By-Laws, Rules and Regulations of the Credit Union now in force and any which may hereafter be adopted. I/We acknowledge receipt of the Truth In Savings Agreement, Fee Schedule and applicable Account Disclosures and agree to be bound by the terms and conditions set forth therein, as may be amended from time to time. Each signer agrees that the Credit Union may obtain any credit reference necessary including, but not limited to, eFunds. In order to comply with the Fair Credit Reporting Act and other consumer reporting laws (both federal and state) we must notify you of the following: a consumer report may be requested from a credit reporting agency, relative to its file background information. I/We also agree to the regulations governing the use of negotiable instruments. Under penalties of perjury, I/We certify that the information on the Application is true, correct and complete and I/We certify that the number shown on this card is my/our correct taxpayer identification number and that I/We are not subject to backup withholding due to underreporting. If applying for an ATM/Debit Card Card(s), I/We understand that the use of Metro Credit Union's ATM/Debit Card is governed by the terms and conditions set forth in the cardholder agreement and hereby agree to the bylaws, rules and regulations of Metro Credit Union, those now in force and any which may be hereafter adopted.



Enter Total Deduction Amount:
I HEREBY AUTHORIZE BOSTON COLLEGE CONTROL NO. _____
to <input type="checkbox"/> STOP DEDUCTION <input type="checkbox"/> CHANGE DEDUCTION
THE TOTAL AMOUNT TO BE DEDUCTED FROM MY PAY IS:
<input type="checkbox"/> NET PAY OR <input type="checkbox"/> \$ _____
I AM PAID:
<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY

Enter Allocation Changes:		
<input type="checkbox"/> Savings Account \$	Annual Disbursement from Club Account: <input type="checkbox"/> Paid as a check <input type="checkbox"/> Transfer to Checking <input type="checkbox"/> Transfer to Savings	IRA Accumulator \$ <input type="checkbox"/> Roth <input type="checkbox"/> Traditional <input type="checkbox"/> Education
<input type="checkbox"/> My Reward Savings \$		
<input type="checkbox"/> Homebuyer Savings \$	Other \$	
<input type="checkbox"/> Christmas Club \$		
<input type="checkbox"/> Vacation Club \$		
<input type="checkbox"/> Free Checking \$		
<input type="checkbox"/> My Reward Checking \$		
<input type="checkbox"/> Prestige Checking \$		
METRO'S ROUTING AND TRANSIT NO. 211381990		
For all allocation changes, please forward to Metro Credit Union at: • 877-MY-METRO • (Fax) 617-889-7776 • Mail to: Deposit Operations Metro Credit Union 200 Revere Beach Parkway Chelsea, MA 02150		