



Pittsburgh Federal Credit Union

Providing Premium Financial Services

**AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS**

Member Information	Name (First, Middle, Last)	Visa Account Number
	Home Phone Number	Work Phone Number

Account Selection	I (We) hereby authorize Alcoa Pittsburgh FCU to initiate debit entries to my (our) Alcoa Pittsburgh FCU account indicated below in order to apply payments to my (our) Alcoa Pittsburgh FCU Visa credit card account. Select One: _____ Account # _____ PAYMENT CAN ONLY BE DEBITED FROM AN ACCOUNT HELD AT ALCOA PITTSBURGH FCU	
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Payment Selection	MINIMUM PAYMENT DUE		TOTAL AMOUNT DUE	
	FIXED AMOUNT OF		Amount should be greater than minimum amount due	
	MINIMUM PAYMENT POSTED LESS CREDITS		PERCENTAGE OF BALANCE	

Authorization	<p>This authorization is to remain in full force and effect until I (we) provide Alcoa Pittsburgh FCU with a written authorization requesting that a change be made or that the periodic payments be terminated. I (We) must provide this written authorization so that it is received by Alcoa Pittsburgh FCU at least 30 days prior to any change or termination requested.</p> <p>I (We) understand that in order for Alcoa Pittsburgh FCU to make payments requested in this Authorization form, I (we) must have the payment amount available in my (our) account.</p> <p>I (We) further understand and agree that Alcoa Pittsburgh FCU shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I (we) agree to hold Alcoa Pittsburgh FCU harmless from any claims, liabilities, attorney's fees and other costs and expenses of any and every kind and nature which may be incurred by them by reason of their performance under this Authorization form.</p>
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Signature	I (We) have read and understand the error resolution provided.	
	Member Signature	Date
	Member Signature	Date

**Mail to: Alcoa Pittsburgh FCU, ABSC Building, Suite 100
30 Isabella Street, Pittsburgh PA 15212**

or

Fax to: (412) 553-2464