



Customer Service
P5-PCLC-01-2
P.O. Box 3429
Pittsburgh, PA 15230

RE: Automated Payment Enrollment for your PNC Credit Card Account

Dear Valued Customer:

Thank you for choosing to use the automated payment option to make payments on your PNC credit card account.

Here's what you need to do:

- Complete both of the enclosed Automated Payment Enrollment forms.
- Mail the form marked BANK COPY and a voided check or savings account deposit ticket to us at the address listed on the form.

Please retain the CUSTOMER COPY of the Automated Payment Enrollment form with your other credit card account documents.

Here's what you can expect:

It may take up to 10 business days from the date we receive your authorization form to process your request. Please continue to make the required payments on your credit card account until your billing statement reflects that automatic payments have been established.

Here's how you can reach us:

Thank you for allowing us to assist you. If you have any questions, please call our Credit Card Customer Service Center at 1-800-558-8472.

Sincerely,

Customer Service
PNC BANK

AUTOMATED PAYMENT TERMS AND CONDITIONS

The payment option amount you select will be deducted from your designated account every month.

1. The payment amount and date such payment will be deducted from your designated deposit account will be shown each month on your credit card billing statement. If the due date reflected on your billing statement falls on a weekend or holiday, the payment will be deducted from your deposit account on the following business day – but the payment will be applied to your credit card account as if the payment was received on the due date.
2. If we are unable to process your authorization form, we will notify you by mail regarding why the request could not be completed. This may cause a delay in setting up automated payments to your credit card account. You are still responsible for making any payments when due on your account until your request has been processed.
3. You may cancel or change automated payments by contacting us at the number above. Cancellations must be made at least three days in advance of the payment due date. Changes will require a new Automated Payment Enrollment form.
4. The designated deposit account must be in the name of the credit card accountholder(s) signing the form.
5. If any payment is returned unpaid by your financial institution for any reason, we may cancel future automated payments to your credit card account and a returned payment fee may be charged as disclosed in your credit card agreement. We may also cancel automated payments on your credit card account at any time and for any reason, and if we do so we will notify you.

**PNC BANK
AUTOMATED PAYMENT ENROLLMENT FORM**

Customer Name: _____

Credit Card Account Number: _____

I/We hereby authorize PNC BANK to electronically withdrawal funds from the designated deposit account provided below and to apply these funds to my/our credit card account listed above.

Designated Deposit Account (select one): _____ Checking Account _____ Savings Account

Deposit Account Number: _____

Routing (ABA) Number: _____

Financial Institution Name: _____

Note: Please include a voided check or a voided savings account deposit ticket with your completed authorization form. If you include a voided savings account deposit ticket, please be sure that your financial institution's transit and routing number is listed correctly.

Payment Amount (select one):
_____ Minimum Payment
_____ Full Balance Amount
_____ Designated Payment \$ _____
(an amount other than the minimum or full balance)

Note: If the designated payment is less than the minimum payment due, the minimum payment will be pulled.

I understand and accept the Automated Payment Terms and Conditions (as provided on the front of this page).

Primary credit card holder: _____ Date: _____
Signature

Secondary credit card holder: _____ Date: _____
Signature

Return the complete form to:

PNC BANK
CUSTOMER SERVICE
P5-PCLC-01-2
P.O. BOX 3429
PITTSBURGH PA 15230

CUSTOMER COPY
(KEEP THIS COPY FOR YOUR RECORDS)

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Secondary credit card holder: _____ Date: _____
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BANK COPY