



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

RE: Automated Payment Authorization 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 the enclosed Automated Payment Authorization form.
- Return the completed form to us at the address or fax number listed on the form.

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 automated 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 for Consumer Credit Card accounts or 1-800-474-2101 for Business Credit Card accounts.

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 Saturday, Christmas, Thanksgiving or New Year's Day, the payment will be deducted from your deposit account on the following business day (or if the next day is Saturday, then your automated payment will be scheduled to transfer on Sunday) – but the payment will be applied to your credit card account as of your 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. You are still responsible for making any payments when due on your account until your request has been processed. If you still wish to proceed with setting up automated payments on your account, you will need to submit a new automated payment authorization form.
3. Changes to an existing automated payment arrangement must be received in writing, using a new automated payment authorization form. Please contact us at 1-800-558-8472 for Consumer Credit Card accounts or 1-800-474-2101 for Business Credit Card accounts to request a new form.
4. To have the automated payment arrangement removed from your account you must call us and request to cancel at least three (3) business days before the next payment due date.
5. The designated deposit account must be in the name of the credit card accountholder(s) signing the form.
6. 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 AUTHORIZATION 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.

Important: The PNC credit card holder that is signing this form must be an authorized signer on the designated deposit account.

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

Deposit Account Number: _____

Routing (ABA) Number: _____

Financial Institution Name: _____

Note: PNC limits the number of transfers that can be made during a monthly statement period from a savings or money market account. Please refer to your deposit account agreement or contact your financial institution for details.

Payment Amount (select one):

_____ Minimum Payment

_____ Last Statement Balance

_____ 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 by mail or fax to:

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

Fax: 800-518-3467