

Billing Inquiry Form

If you believe an item on your statement is in error, complete and sign this form. We must hear from you no later than 60 days after we send you the first bill on which the error problem occurred. 3504178252(u)64252(d)-6.0241(.)-6.0241(.)-6.0241(.)-6.0241

X _____
Program Administrator

Date _____

Daytime Phone () _____

Please send completed form via mail,
fax or email:
PNC
P.O. Box 2859
Kalamazoo, MI 49003-2859
or
Fax: 269-973-1688
E-mail: billinginquiries@pnc.com