



### 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 or problem occurred.3504178252(u)64252(d)-6.0241(.)-6.0241(.)-6.0241(.)-6.0241(x1-80.

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](mailto:billinginquiries@pnc.com)**