

Authorization Request For Direct Deposit of Periodic Payment



Account Name: RCA OF BALTIMORE GIFT ANNUITY

Account Number: XX-XX-XX-X01431

PNC Officer number:

I hereby authorize the direct deposit by PNC Bank, N.A. (PNC Bank), the paying agent for the above listed account, of my payments to the Financial Institution and checking / savings account shown below. I / We further authorize the refund of any deposits made following the recipient's death pursuant to the National Automated Clearing House Association Operating rules 4.7 to 4.7.4.

I / We, the owner(s) of the said checking / savings account, will return to PNC Bank, the full amount of any excess deposits made but unrecoverable from the named account. This agreement is also binding on our heirs, assigns and estate.

Annuitant Data

Name	
Address	
City, State, Zip Code	
Bank Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Signature (REQUIRED)	Joint Owner's Signature

* This form must be received at PNC by the 10th of the month to process the next payment.

* Direct Deposit payments payable on the last day of the month may not be available for withdrawal until the first business day of the next month.

Your Financial Institution Data

Bank Name	
Address	
City, State, Zip Code	
Routing Number - 9 Digits Required (If routing number is not supplied, check will be mailed to your bank.)	
Bank Contact (optional)	Bank Contact Telephone Number (optional)

**NOTE: Attach a blank personal check marked "VOID" to this form.
A DEPOSIT SLIP IS NOT ACCEPTABLE FOR A SAVINGS OR CHECKING ACCOUNT REQUEST.**

Mailing Address: PNC Planned Giving Administration
1900 E. 9th St., B7-YB13-13-2
Cleveland, OH 44114