

PARKWAY BANK & TRUST CO.
4800 N. HARLEM AVE., HARWOOD HEIGHTS, IL 60706
708/867-6600 FAX 708/867-8838

COMMERCIAL ACCOUNT
CHANGE OF ADDRESS AUTHORIZATION FORM

DEAR : _____ DATE: _____

WE HAVE LEARNED THAT YOUR ADDRESS HAS CHANGED:

- BY YOUR CORRESPONDENCE TO US
 BY DIRECT REQUEST FROM A BANK REPRESENTATIVE
 BY NOTIFICATION FROM THE POSTAL SERVICE

TO PROCESS THIS CHANGE ACCURATELY, WE REQUEST THAT YOU COMPLETE ALL OF THE FOLLOWING INFORMATION AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE.

(PLEASE NOTE! WE WILL CHANGE ONLY THE ACCOUNT NUMBERS THAT YOU HAVE LISTED AND ONLY IF YOU HAVE THE AUTHORITY TO DO SO.)

BUSINESS NAME: _____

TAX ID # : _____

OLD ADDRESS:

NEW ADDRESS:

NEW PHONE#:

E:MAIL ADDRESS:

() _____

LIST ALL ACCOUNT NUMBERS TO BE CHANGED

YOUR ACCOUNT INFORMATION (DEPOSIT, LOAN, ETC.) WILL BE CHANGED IMMEDIATELY UPON OUR RECEIPT OF THIS SIGNED AND DATED FORM.

BUSINESS NAME (AS ON BANK RECORDS)

DATE OF AUTHORIZATION

AUTHORIZED SIGNATURE & TITLE

EFFECTIVE DATE OF CHANGE

THANK YOU FOR YOUR COOPERATION. WE APPRECIATE YOUR BUSINESS!!

“THERE IS STILL SUCH A THING AS A COMMUNITY BANK”

OFFICE USE ONLY:

- DATE & BRANCH RECEIVED: _____
- CHANGE ENTERED BY: _____
- IDENTIFIER(S) USED: _____