

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

PERSONAL 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.)

NAME: _____ E:MAIL ADDRESS: _____

SOCIAL SECURITY # OR TAX ID # : _____

OLD ADDRESS: _____ NEW ADDRESS: _____

NEW HOME PHONE#: _____ WORK PHONE#: _____
() _____ () _____

LIST ALL ACCOUNT NUMBERS TO BE CHANGED

LIST ALL OTHER MEMBERS OF YOUR HOUSEHOLD WHO WILL BE MOVING WITH YOU:

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

CUSTOMER SIGNATURE _____ DATE _____ CUSTOMER SIGNATURE _____ DATE _____

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: _____