PARK BANK CHANGE OF ADDRESS FORM

(Commercial Accounts)

In order to ensure that your records are changed to your specifications, please complete this form in its entirety.

BUSINESS NAME:

Are there other business entities that have also moved to this new address? Please list:

Your previous address:

Should we change the address on all of your PARK BANK accounts? () YES () NO

If NO, please indicate the accounts that we **should** change.

Checking_____

Savings_____

Money

Market_____

Loan

Safe Deposit Box_____

Credit Card

Merchant _____

Lease_____

Other

Are there any accounts that we **should not** change? () YES ()NO Please list:_____

NEW INFORMATION:

Address:_____

Phone number(s): Home:_____

Work:

YOUR SIGNATURE:

DATE:_____

FOR BANK USE ONLY: Employee taking request:

Date:_____

Forward to Deposit Support:

Date changed: _____

By:_____

Remarks:_____

(10/2008)