

ADDRESS/PHONE/EMAIL UPDATE REQUEST

Park Bank Commercial Accounts

Effective date of changes: _____

Business Name: _____

New Address: _____ City _____ State _____ Zip _____

Primary Phone: _____ Secondary phone: _____ Fax Number: _____

Authorized Signature: _____ Date: _____

Is this the Business Address or Mailing Address or Both For mailing address changes please list applicable account numbers in the instruction lines below.

Please take a moment to update any necessary contact information here:

Contact Name: _____ Primary phone: _____

Secondary phone or Fax: _____ e-mail: _____

Contact Name: _____ Primary phone: _____

Secondary phone or Fax: _____ e-mail: _____

Contact Name: _____ Primary phone: _____

Secondary phone or Fax: _____ e-mail: _____

Please fill out a separate form for any additional business entities relocating to this address.

Further instructions/notes: _____

BANK USE ONLY / Forward to Deposit Operations

Request taken by: _____

Date: _____

Change completed by: _____

Date: _____

Reviewed by: _____

Date: _____