

PARKWAY BANK ARIZONA
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

"Your Community Bank"

OFFICE USE ONLY:

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