MERCANTILE BANK OF MICHIGAN ADDRESS/CONTACT CHANGE FORM

Remove Returned Mail Handling Code	e Remove T	Teller Alert Req	uested by:	
Port #:				
Name:	Call Dh#:		Email:	
Name			Email: Bus Ph#:	
	·		_ Dus 1 IIπ	
Name:	Cell Ph#:_		Email:	
	Home Ph#: Bus Ph#:			
Name:	Call Dh#:		Email:	
ivanie,			Bus Ph#:	
	Tiome Tin	· •	Dus I IIII.	
Old		New		
Address:		Address:		
		<u> </u>		
Is this a seasonal address? Yes	No If Yes nle	— Pase indicate date ra	nge: thru	
is this a seasonal address:		dusc marcute dute re	ingetinu	
	ACCOUNTS TO	BE CHANGED)	
(Ple	ase select one & cor	nplete any required	fields)	
() All accounts (includes all			ŕ	
	enceking, savings, roun		(Curus)	
() Only the accounts listed b	elow:			
(please list deposit/loan/co	ard accounts that vou	wish to update with ti	ne information above)	
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By signing below, you authorize Mercantile				
you have indicated above. Note: Account signer.	information can only	be changed on those	accounts in which the bei	ow individual(s) is a
		X		
X Signature	Date	Signature		Date
	NOTARY PUB	BLIC SECTION		
		if applicable)		
State of	On this	day of		, before me
(Country on Domish)	personally appea	red		producing
(County or Parrish)			as identification to be the p	erson described
			strument, and acknowledged and deed for the purposes the	
Witness my hand and official seal.			mission expires:	
		(Seal)	-	
Notary Signature		(Scar)		
Title				