

Please have this information available when you come into CornerStone to open your new account.

Personal Accounts:

Primary Account Owner

Name: _____
Street Address: _____

City, State, Zip: _____
Mailing Address (if different): _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Employer: _____
Date of Birth: _____
Social Security #: _____

Secondary Account Owner

Name: _____
Street Address: _____

City, State, Zip: _____
Mailing Address (if different): _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Employer: _____
Date of Birth: _____
Social Security #: _____

Business Account:

Name of the Business: _____
___ LLC ___ Corporation ___ Sole Proprietorship ___ Partnership
(Please remember we will need 2 of the following: business license, articles of incorporation, operating agreement, board minutes, LLC certificate)

Tax ID Number: _____

Signers on the Account:

Name: _____
Title: _____
Street Address: _____

City, State, Zip: _____
Mailing Address (if different): _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Employer: _____
Date of Birth: _____
Social Security #: _____

Name: _____
Title: _____
Street Address: _____

City, State, Zip: _____
Mailing Address (if different): _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Employer: _____
Date of Birth: _____
Social Security #: _____

If more space is needed, please use multiple forms. Thank You

Please change my direct deposit.

Date

Employer, pension administrator or government entity making the direct deposit

Address

City, State, Zip

To Whom It May Concern:

Currently, you are depositing my _____ into the following account(s):
paycheck, pension or government check

Current bank information

Bank Name _____ Routing number _____

Account number _____ Account number _____

Please start making these automatic deposits into my account(s) at CornerStone Bank.

CornerStone Bank's routing number:

- Deposit \$ _____ or _____% of my _____
paycheck, pension or government check

into my **CornerStone Bank Checking** account number _____.

- Deposit \$ _____ or _____% of my _____
paycheck, pension or government check

into my **CornerStone Bank Savings** account number _____.

Please send me confirmation indicating when this change in direct deposit takes effect.

If you have any questions regarding this request please contact me.

Sincerely,

Your Signature

Address

Print Name

City, State, Zip

Phone Number Day Evening

Please change my automatic payment.

Date

Name of insurance company, mortgage provider,
utility company, any payee that automatically debits payments from your account

Address

City State Zip

To Whom It May Concern:

Currently, you are debiting my _____ payment from my
Indicate the type of payment (what the payment is for)
old bank account(s):

Current bank information:

Bank Name _____ Routing number _____

Account number _____ Account number _____

**Please stop debiting from this account on _____ and start debiting this
Date
payment from my new account at CornerStone Bank .**

New bank information:

CornerStone Bank routing number:

CornerStone Bank checking account number: _____

Please send me confirmation indicating when this change takes effect.

If you have any questions regarding this request please contact me.

Sincerely,

Customer Signature

Print Name

Account number with payee

Address

City, State, Zip

Phone Number Day Evening

Please close my account.

Date

Bank name

Address

City State Zip

To Whom It May Concern:

Please close the account(s) noted below, mail the balance and any interest, and a confirmation of account closure to the address listed below:

Type of Account

Account Number

Checking Account

Savings Account

Money Market Account

Certificate of Deposit

_____ Maturity Date _____

- Please close my CD immediately. I understand there may be penalties for withdrawing before the maturity date.
- Please close my CD upon maturity.

If you have any questions regarding this request please contact me.

Sincerely,

Account Holder's Signature

Print Name

Address

City State Zip

Phone Number Day Evening