

Switch to a true community bank

CORNERSTONE COMMUNITY BANK

EZswitch for **Business**, IT'S AS EASY AS . .

1, 2, 3 !



Here's how:

1. Complete the New Account Application and other applicable information sheets. (Don't want to fill them out? That's ok, just bring us the information and we'll do it!)
2. Bring this package along with your picture identification and your initial deposit to Cornerstone Community Bank.
3. A Cornerstone Community Bank Customer Service Representative will take care of the rest.

What do I do with my old checks?

Bring them along – we'll replace them for you! Or, if you prefer you may destroy them and we'll provide your first order of checks free. Certain limitations apply.

Is it going to be a hassle to switch my direct deposits and automatic payments?

No, we'll assist you with every step in making the change.

What do I tell my old bank?

Cornerstone Community Bank made you an offer you can't refuse!



EZswitch - It's so easy

Please provide us your account information below. Drop the information off at Cornerstone Community Bank. To much trouble? Stop by and we'll fill out the information for you! Or call us at 530-529-1222. You can even email us at operations@ccbca.com!

- Sole Proprietor Corporation (Copy of Articles of Incorporation & Bylaws required)
 Partnership (Copy of Partnership Agreement required) LLC (Copy of Articles of Organization & Operating Agreement required)

Primary Account Holder Information

Legal Name _____ Email Address _____
Business Name (Doing Business As) _____
Mailing Address _____ State _____ Zip _____
Physical Address _____ State _____ Zip _____
Date of Organization _____ Jurisdiction _____ EIN No. _____

Signer Information #1

Name _____
First M.I. Last
Physical Address _____ State _____ Zip _____ How long? _____
Mailing Address _____ State _____ Zip _____ Phone _____
Alternate Phone _____ Previous Address (if less than 2 years) _____
Social Security # _____ Driver's License # _____
State _____ Issue Date _____ Expiration Date _____ Email _____
Secondary I.D. _____ Last 4 digits _____ Expiration Date: _____
(Type, i.e Visa/MC?)
Date of Birth _____ Mothers Maiden Name _____

Signer Information #2

Name _____
First M.I. Last
Physical Address _____ State _____ Zip _____ How long? _____
Mailing Address _____ State _____ Zip _____ Phone _____
Alternate Phone _____ Previous Address (if less than 2 years) _____
Social Security # _____ Driver's License # _____
State _____ Issue Date _____ Expiration Date _____ Email _____
Secondary I.D. _____ Last 4 digits _____ Expiration Date: _____
(Type, i.e Visa/MC?)
Date of Birth _____ Mothers Maiden Name _____

If you have additional signers, please provide the necessary information on separate paper.

EZswitch - Authorization for Your Automatic Payment

To Whom It May Concern:

I am moving my bank account to Cornerstone Community Bank. I need to change my automatic withdrawal.

Name of Company (Making Automatic Withdrawal)

Address of Company

City

State

Zip

You are currently withdrawing \$ _____ from the following account:

Bank Name: _____

Account No.: _____

Routing No.: _____

For _____

On _____ please stop making withdrawals from this account effective

Date

Please redirect my automatic payment to:

**Cornerstone Community Bank
237 South Main Street
Red Bluff, CA 96080**

Account # _____ Type of account _____

Cornerstone Community Bank Routing Number: 121144476 _____

I authorize this change to my automatic payment to go into effect _____
Date

Print Your Name

Address

City

State

Zip

Phone Number

Alt. Phone Number

X _____
Signature

EZswitch – Current Account Relationship

Financial Institution	Type of Account	Average Balance
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Financial Institution	Type of Account	Average Balance
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Financial Institution	Type of Account	Average Balance
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Important Information

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions obtain, verify and record information that identifies each person who opens up an account. What this means to you: when you open up an account we will ask you for your name, address, date of birth, and other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents.

Account Preferences - Please indicate accounts and services you currently use or are interested in:

- | | |
|--|---|
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Checking Accounts |
| <input type="checkbox"/> Money Market Account | <input type="checkbox"/> Internet Banking/Cash Management |
| <input type="checkbox"/> Certificates of Deposit | <input type="checkbox"/> Treasury Tax Payments |
| <input type="checkbox"/> Sweep Account | <input type="checkbox"/> Retirement Programs |
| <input type="checkbox"/> Business Loan or Line of Credit | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Personal Loan | <input type="checkbox"/> Wire Transfer Services |
| <input type="checkbox"/> Merchant services – Visa/Mastercard | <input type="checkbox"/> Direct Deposit |
| <input type="checkbox"/> Business Mastercard | <input type="checkbox"/> EZ Deposit (remote deposit) |