



Community Alliance Banking Program Member Account Form

Accountholder Name: _____

Address: _____

Recipient Organization Name: Saint Joseph's Church

CAP #: 0242

Account numbers to be included in Community Alliance Program to benefit above named organization:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Signature of Accountholder: _____ Date: _____

Signature Verified by: _____

Member Termination Form

I _____, authorize the following accounts to be cancelled from the Community Alliance Banking Program for the benefit of the above named organization.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Signature of Accountholder: _____ Date: _____