



Community Alliance Banking Program Member Account Form

Accountholder Name: _____

Address: _____

Recipient Organization Name: **Historic Restoration Trust**

CAP #: **68**

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: _____