

CORNERSTONE HOME LENDING, Inc.  
Care Program  
Payroll Deduction Authorization Form

I, \_\_\_\_\_, do hereby authorize \$ \_\_\_\_\_ per  
Printed Name Amount

pay check to be deducted from my earnings for the Cornerstone Care Program.

I understand that this amount will continue to be deducted until I notify the  
Cornerstone Payroll Department in writing of the change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email:  
CMC Human Resources

Fax form to:  
713-993-0710

Submit form to:  
Cornerstone Home Lending  
ATTN: Payroll Department  
1177 West loop South, Suite 200  
Houston, TX 77027  
713-621-4663