

Cornerstone One Deactivation Form

Deactivate X _____

Card # _____

Name of Employee _____

Name of Company _____

Authorized Signature _____

Reason For Deactivation:

Lost Temp. Employee

Stolen Termination

Damaged

To Be Completed by Cornerstone Management Only:

Authorized Signature: _____

Completed By: _____

Date: _____

- Every section on this form must be properly filled out in order for this request to be honored.