



Change Request Form

Account Name _____ Date _____

Account Number _____

Type of change being requested (check one)

_____ Termination of Account (Must provide supporting documentation, ie; death certificate)

_____ Name Change (Must provide supporting documentation. ie; copy of drivers license)

New Name _____

New Mailing Address _____

Street

City & State

Zip Code

_____ Transfer Account from _____ to _____

New Patron's Social Security Number/Federal ID# _____

New Mailing Address _____

Street

City & State

Zip Code

Reason for above change

_____ Patron deceased

_____ Patron no longer farming

_____ Patron moved from area

_____ Patron changed account name/address

_____ Patron business dissolved

_____ Other (explain) _____

If transfer or termination of deceased patronship, I certify that I am the executor of the estate of the patron, or beneficiary of the estate of the patron.

Signature _____

Signature _____

NOTE: Two signatures are required for joint accounts. If transferee name is not one of the joint names on the original account, a new application for patronship is required.

Substitute Form W-9 Information

Name _____ Phone _____

Check Appropriate _____ Individual/Sole Proprietor _____ Corporation _____ Partnership _____ Other

Mailing Address _____

Street

City & State

Zip Code

Taxpayer Identification Number (TIN) _____

Social Security Number

Employer ID Number

Under Penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number and (2) I am not subject to back up withholding.

Signature _____ Date _____

Office Use Only

Board Approved _____ **Equity File Changed** _____ **Letter/Card mailed** _____

MAIL COMPLETED FORMS ALONG WITH DOCUMENTATION TO:

GRANGE CO-OP, P.O. BOX 3637, CENTRAL POINT, OR 97502 • PHONE: (541) 664-1261 • FAX (541) 664-1246

1108 P855