



CHANGE REQUEST FORM

ACCOUNT NAME: _____ DATE: _____

ACCOUNT #: _____ BIRTH DATE: _____

REASON FOR CHANGE:

- Military Rewards Member** *(please present military ID, veteran ID, or DD214)*
- Youth in Ag Re-Enrollment**
chapter/club name _____ project animal(s) _____
- Patron changed account name/address**
- Other** _____

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.

TYPE OF CHANGE REQUESTED:

- Termination of Account** *(must provide supporting documentation, ie; death certificate)*
 - Patron deceased** *(please provide copy of death certificate)*
 - Patron no longer farming**
 - Patron moved from area**
 - Patron business dissolved**
- Address/Phone Number/Name Change**
NEW NAME: _____ NEW PHONE #: _____
NEW MAILING ADDRESS: _____
Street City & State Zip
- Transfer Account From** _____ **to** _____
Previous Owner New Owner
NEW MAILING ADDRESS: _____
Street City & State Zip

Signature Date

NOTE: Two signatures are required for joint accounts

Signature (if joint account) Date

FOR OFFICE USE ONLY:

Board Approved _____ Equity File Changed _____ Letter/Card Mailed _____

Please mail completed forms along with documentaton to:
GRANGE CO-OP • 7700 Crater Lake Hwy, White City, OR 97503 • PHONE: 541.664.1261 • FAX: 541.664.1246