

CHANGE REQUEST FORM

ACCOUNT NAME: _____ DATE: _____

ACCOUNT #: _____ BIRTH DATE: _____

TYPE OF CHANGE REQUESTED:

- ☐ **Termination of Account** (must provide supporting documentation, ie; death certificate)
☐ **Address/Name Change** (must provide supporting documentation, ie; copy of driver's license)

NEW NAME: _____

NEW MAILING ADDRESS: _____
Street City & State Zip

- ☐ **Transfer Account From** _____ **to** _____
Previous Owner New Owner

NEW MAILING ADDRESS: _____
Street City & State Zip

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) _____

Parent/Legal Guardian Signature

Date

Under the California Consumer Privacy Act (CCPA) if you are a child under the age of 13, please provide an authorized parent or legal guardian signature consenting to the collection, use and disclosure of said child's personal information as described in our privacy policy. If you are between the age of 13 - 16, please choose to opt-in by providing your signature. Please reference our privacy policy at www.grangecoop.com/ccpa/ for more information.

- ☐ **Patron deceased** (please provide copy of death certificate) ☐ **Patron no longer farming** ☐ **Patron moved from area**
☐ **Patron business dissolved** ☐ **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.

Signature

Date

Signature (if joint account)

Date

NOTE: Two signatures are required for joint accounts

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: