



CHANGE REQUEST FORM

ACCOUNT NAME: _____

ACCOUNT #: _____ DATE: _____

TYPE OF CHANGE REQUESTED:

- Termination of Account** *(must provide supporting documentation, ie; death certificate)*
- 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)*
- 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 • PO BOX 3637 CENTRAL POINT, OR 97502 • PHONE: 541.664.1261 • FAX: 541.664.1246