



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) _____
- 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. This program may be modified by action of the Board of Directors or Grange Cooperative Supply Association.

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 • PO BOX 3637 CENTRAL POINT, OR 97502 • PHONE: 541.664.1261 • FAX: 541.664.1246