



PO Box 233, Marysville, WA 98270
 (360) 659-1236 (360) 659-8988 FAX
 Branch Stores: Arlington, Everett, Lake Stevens
www.co-opsupplyinc.com

SECONDARY NAME ON ACCOUNT (such as spouse):

Please be aware that a secondary person on your account can not make changes to the account and has no claims to your patronage. You the account holder have sole responsibility over this account.

(Please print)

Account Number: _____

New Information:

ACCOUNT HOLDERS Information:

Name: _____

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Reason for change: _____

VERIFICATION INFORMATION:

_____ Last four-digits of TIN (SSN or EIN) of the account holder

I certify the change of information to my account and that everything is true and correct to my knowledge. I have shown proof with valid ID and the last four digits of my Taxpayer Identification Number that I have the right to change the account information.

Signature of ACCOUNT HOLDER

Date signed

<i>Cashiers Only:</i>	
<i>I have verified identification and the new name of the above customer with the following:</i>	
<i>(Please circle one)</i>	
<i>Picture Id</i>	<i>Other: _____</i>
<i>Cashier's Signature: _____</i>	<i>Date: _____</i>

<i>Office Use:</i>	
<i>I have verified information and changed account name.</i>	
<i>Authorized Signature: _____</i>	<i>Date: _____</i>

In an effort to better protect consumers from identity theft, the Co-Op Supply and other organizations around the country have been mandated to implement new policies and procedures under the U.S. Fair and Accurate Credit Transactions (FACT) Act.

Among other things, the Co-Op Supply's identity theft program will identify account activities that are "red flags" to protect customers from potential identity theft and fraud. Financial institutions and issuers of debit and credit cards also will be implementing new policies and procedures to address identity theft.