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Branch Stores: Arlington, Everett, Lake Stevens
www.co-opsupplyinc.com

Change of Address, Change of Name (W-9 Form Required), Change of Phone Number

(Please print)

Account Number: _____

New Information:

Old Information:

Name: _____

Name: _____

Add Secondary Name: _____

Secondary Name: _____

Remove Secondary Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Phone: (____) _____

VERIFICATION INFORMATION: (REQUIRED)

_____ Last four-digits of account holder's TIN (SSN or EIN on account)

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 customer Date signed

Cashiers Only: I have verified identification and address of the above customer with the following: Picture Id Other: Cashier's Signature: Date:

Office Use: I have verified information and changed the requested information within the accounting system. Authorized Signature: Date:

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.