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

CLOSE ACCOUNT FORFEIT EQUITY:

(Please print)

Account Number: _____

Delete Information:

Contact Information:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Phone: (____) _____

Reason for change: _____

VERIFICATION INFORMATION:

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

I certify the closing of this account and understand that by closing this account I forfeit all equity that I may have accumulated over my years of membership. 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.

 Authorized Signature

 Date signed

Cashiers Only:
 I have verified identification and information of the above customer with the following:

(Please circle one)
 Picture Id Other: _____

Cashier's Signature: _____ Date: _____

Office Use:
 I have verified information and deleted the requested account.
 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.