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

COMBINE TWO ACCOUNTS:

(Please print)

Account Number: _____ Account Number: _____

Keep Information: Delete 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) _____ Last four-digits of TIN (SSN or EIN)

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

Signature of customer

Date signed

Date signed

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

(Please circle one)
 Picture Id Other: _____

Cashier's Signature: _____ Date: _____

Office Use:
 I have verified information and changed information.
 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.