River Valley Co-op Owner Equity Refund Request

Date: _____ **Phone:** _____

Owner Number: _____ **Email:** _____

Owner Name: _____ **Address:** _____

_____

Termination:

I, _____, the authorized representative of River Valley Co-op

ownership number , am terminating my ownership with River Valley Co-op as a Co-op Owner.

I request that the cooperative refund the Equity invested in my Owner Equity Account totaling $ _____to me.

Please mail my refund check to the address listed above.

_____ _____ _____

Print Name: Representative of Ownership Signature: Representative of Ownership Date

Comments:

Article 2 – Membership | 2.6 Termination: Membership may be terminated in the following ways: *a) voluntarily by a member upon written notice to the Co-op; (see full Article for b & c). Upon suspension or termination of membership for any reason, member equity payments shall be redeemed in accordance with Article 8 below.*

Article 8 – Member Owner's Equity | 8.4 Member-owners' payments:
Any institutional member-owner's equity payments, redemption payments, dividends, or rebates shall be made payable only to the named institutional member-owner. Individual or household member-owner's equity payments, redemption payments, dividends, or rebates shall be made payable only to the named representative of membership and not divided among or paid to household members.

Full bylaws can be found at: http://rivervalleymarket.coop/about/co-op-bylaws/

For office use only: Date request received:

Owner Number: Name of Representative of Ownership on Record:
Date joined: Date terminated:
Total Equity Invested: $ Total Equity Refunded: $

Refund processed by: _____ _____

Staff Signature / Title Date

Please Mail Completed Form To:

Attn: Bookkeeper | River Valley Co-op | 40 Main St., Ste. 301 | Florence, MA 01062

Checks for Equity Refunds will be processed within two weeks.