

Equity Refund Request

Date: _____ Member-owner number: _____
(one form per account please)

First name: _____ Last name: _____

Mailing address: _____ Home phone: _____

City: _____ State: _____ Zip: _____ Cell phone: _____

Email: _____

Hunger Mountain Co-op bylaws dictate that all equity refunds are subject to approval by the council. Approved equity refunds (less a \$7 processing fee), are usually refunded within two weeks of the next monthly council meeting. Please return this completed form to member-owner services at the address printed below.

_____ (initial) **I understand that if I decide to become a member-owner of the Co-op within one year, I will be required to repay the amount of equity I was refunded in order to reactivate my account per Article VIII.**

Please select one of these options:

Transfer my equity to the Hunger Mountain Cooperative Community Fund to help support local, nonprofit, and cooperative programs. (Tax deductible Twin Pines 501c3)

I request the return of my equity invested to date. I understand that a \$7 processing fee will be deducted from this amount, and that if I decide to rejoin the Co-op, I will be given a new member-owner number.

Reason (optional): _____

Member-owner signature: _____

Office use only

MS Staff:

Received: _____

Initials: _____

Equity paid: \$ _____ (-\$7 fee)

= Refund: \$ _____

Next council meeting: _____

FD Staff:

Date refunded: _____

Amount refunded: _____

Check #: _____

Account #: _____

Amount \$: _____

FD: ADJUSTMENT COMPLETED BY: _____ **DATE:** _____



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