HEART OF ALABAMA FOOD BANK

Agency Contact Update Form

This form allows partner agencies to update the individuals who are authorized to pick up orders, shop, and conduct any official business with the Heart of Alabama Food Bank (HAFB) on behalf of the agency. Only the individuals listed on this form will be permitted to pick up or shop for your agency.

Agency Information

Agency Name: _____

Agency Number (if applicable): _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Email Address: _____

Authorized Representatives

By listing individuals below, the agency confirms each person is authorized to:

✓ Pick up food orders
✓ Shop in the Agency Shopping Area
✓ Sign paperwork
✓ Conduct business on behalf of the agency with HAFB

Name	Role/Title	Phone Number	Email Address	Authorization Start Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Agency Authorization

Authorized Agency Representative (Printed Name): _____

Title: _____

Signature: _____

Date: _____