



Authorized Personnel Information

Date: _____

Name of Agency: _____

Contact Person: _____

Address: _____

Telephone: _____ E-Mail Address: _____

**The names and signatures of the persons below are authorized by _____
_____ (agency name) to pick up products on behalf of
your agency at the Food Bank. Their signatures indicate they have read and
understand Food Bank regulations and agree to abide by them.**

_____ Print Name	_____ Signature
_____ Print Name	_____ Signature
_____ Print Name	_____ Signature
_____ Print Name	_____ Signature
_____ Print Name	_____ Signature
_____ Print Name	_____ Signature
_____ Print Name	_____ Signature
_____ Print Name	_____ Signature

Please inform Hattie Hamilton or Kim Douglas at the Food Bank as soon as any changes are made in your agency's list of people authorized to pick up products at the Food Bank.