#

**Eternal Food Bank**

**Partner Information Change Form**

Partner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Partner Acct: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Please check the following changes that you will be making to your agency file. ***Please note that changes can ONLY be submitted by partner primary and secondary contact persons***:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Agency Name |  | Facility Address |  | Billing Address |
|  | Mailing Address |  | Agency Phone Number |  | Contact Name  |
|  | Contact Person Phone  |  | Fax Number |  | Email |
|  | Services Provided |  | Population Served |  | Type of Program |
|  | Authorized Individuals  |  | Website / Home Page |  | Pantry Schedule  |

Please write all changes below in the space provided: (Indicate all changes in this section)

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Additional Comments:

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Please provide the names and email address of ALL individuals ordering:

Name: Email Address:

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By signing this you are certifying that you are authorized to make the aforementioned changes to the agency account.

**Your signature Title Date**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **FOR OFFICE USE ONLY:**  |
|  | Changes made in DB  |
|  | Changes made to Distribution Point List  |