

Change Authorized Contact Request Form

Account No. _____

Account Name _____

Old Authorized Contact Name _____

Telephone No. _____

Email Address _____

Signature _____

Name/Title _____

Date _____

New Authorized Contact Name _____

Telephone No. _____

Email Address _____

Signature _____

Name/Title _____

Date _____

****IMPORTANT****

ABF will contact the number on record to verify verbal authorization for your submitted form. Additionally, kindly include a copy of the Board minutes confirming the approved authorization adjustments.

**American Baptist Foundation
420 W. Germantown Pike
East Norriton, PA 19403
Fax: (610)-768-2213
Email: ABFAccounts@abc-usa.org**

ABF OFFICE USE ONLY: Confirmed account details via outgoing call to authorized phone number on file.

Signature: _____ Date: _____