## **Change of Distribution Instruction Form**



| Account Name  |                              |
|---|------------------------------|
| Account No  |                              |
| Telephone No  |                              |
| Email Address   |                              |
| Print Full Name   |                              |
| Distribution Instructions:  |                              |
|   |                              |
|   |                              |
|   |                              |
| Authorized Signature  | Date                         |
| **IMPORTANT**   |                              |
| Please include a copy of the Board minutes confirming instructions. | ng the approved distribution |
| Thank You   |                              |
| American Baptist Foundation<br>420 W. Germantown Pike               |                              |
| East Norriton, PA 19403   |                              |
| Fax: (610) 768-2213<br>Email: ABFAccounts@abc-usa.org               |                              |

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

Signature:

Date: