

Add Authorized Contact Request Form



Account No. _____

Account Name _____

Current Authorized Contact Name _____

Telephone No. _____

Email Address _____

Signature _____

Name/Title _____

Date _____

New Authorized Contact Name _____

Telephone No. _____

Email Address _____

Signature _____

Name/Title _____

Date _____

Return this form to the American Baptist Foundation. Please include a copy of the board minutes showing approved authorization changes. Thank You

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