

Change of Authorization 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 _____

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

American Baptist Foundation
420 W. Germantown Pike
East Norriton, PA 19403

Fax: (610)-768-2213
Email: ABFAccounts@abc-usa.org