

Partner Agency Information Update Form:

Required Information (please fill out this entire section):

Agency Name: _____

Agency Number: _____ County: _____ Date: _____

Contact Person: _____ Email: _____

Phone Number(s): _____

Please complete the information to be updated:

Billing Address (501 (c) 3 agency):

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (Where do you want information sent?):

Address: _____

City: _____

Site Address (Where is the actual location of the agency you want bills sent?):

Address: _____

City: _____

Add Authorized Shopper(s):

Name: _____ Email for Web Ordering: _____

Name: _____ Email for Web Ordering: _____

Name: _____ Email for Web Ordering: _____

Remove Authorized Shopper(s):

Name: _____ Name: _____

Days and Hours of Operation: _____

Phone Number to Call for Delivery Notification: _____

Emergency Referral Contact (Food Pantries only; when pantry is closed who should be contacted for referrals):

Name: _____ Phone: _____

Signature: _____ Date: _____

Please scan, fax or mail this form to the Food Bank, attention Agency Relations Department. Fax: (315) 434-9629