



ARKANSAS
**FOOD
BANK**

MEMBER OF
**FEEDING
AMERICA**

Date: _____

Authorized Personnel Information

The names of the persons below are authorized by _____ to pick up products on behalf of your organization at Arkansas Foodbank. You agree they have read and understand Arkansas Foodbank regulations and agree to abide by them.

Member:

Contact Person:

Site Address:

Telephone: _____ E-Mail Address: _____

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Please inform the Agency Relations Director at the Arkansas Foodbank as soon as any changes are made in your agency's list of people authorized to pick up products at Arkansas Foodbank.