

# Additional Authorized Contact Request Form

Account No. \_\_\_\_\_

Account Name \_\_\_\_\_

Current Authorized Contact Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Name/Title \_\_\_\_\_

Date \_\_\_\_\_

Additional Authorized Contact Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Name/Title \_\_\_\_\_

Date \_\_\_\_\_

**\*\*IMPORTANT\*\***

***ABF will contact the number on record to verify verbal authorization for your submitted form. Additionally, kindly include a copy of the Board minutes confirming the approved authorization adjustments.***

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