

# 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 \_\_\_\_\_

**\*\*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.***

**American Baptist Foundation  
420 W. Germantown Pike  
East Norriton, PA 19403  
Fax: (610)-768-2213  
Email: ABFAccounts@abc-usa.org**