

## Wichita Falls Area Food Bank Signature Card

**Name Of Organization:** \_\_\_\_\_

Please fill in the names of your current representatives for ordering and pickups from the Food Bank. Please mail a copy to: Wichita Falls Area Food Bank, PO Box 623, Wichita Falls Texas 76307. Please keep a copy in your files for your records. If any changes please contact Food Bank at 940-766-2322.

**Note: Approval must be signed and dated by Highest Official for each authorized representative.**

Authorized Representative (Print Name)	Signature of Authorized Representative	Date Approved by Highest Official	Highest Official's Signature Authorizing Approval
<b>Placing Food Orders:</b>			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
<b>Picking Up Food Orders:</b>			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
<b>Contact: Accounts Payable (Bill Payer)</b>			
1. _____			
<b>Contact: Agency Statistics Reporting</b>			
1. _____			