Personnel Pick Up Authorization Form
Forma de Autorización de Personal

Issue Date: _____ Expiration Date: _____

Agency Number: _____

Agency Name: _____
(Nombre de la Agencia)

Agency Address: _____ Agency City: _____
(Direccion de la Agencia) (Ciudad de la Agencia)

Agency Phone Number: _____ County: _____
(Numero de Telefono de la Agencia) (Condado)

Contact Name: _____ Contact Phone: _____
(Nombre de Contacto) (Telefono de Contacto)

Mailing Address: _____
(Direccion de Correo)

Authorized Personnel for pick up:

(Personal Autorizado para recojer comida)

1._____ 2._____

Vehicle Make & Model:_____ Vehicle Make & Model:_____

3._____ 4._____

Vehicle Make & Model:_____ Vehicle Make & Model:_____

*Please note that only these four individuals are authorized to pick up any commodities from the Food Bank RGV, unless other arrangements have been made. Please advise your authorized personnel to bring a valid picture id and their new agency card; they will need these documents to pick up your order.

*(*Por favor de notar que sólo estos cuatro individuos son autorizados a recoger cualquier comodidades del Food Bank RGV, a menos que otros arreglos hayan sido hechos. Aconseje por favor a su personal autorizado de llevar una identificación de foto y su nueva tarjeta de agencia, ellos necesitarán estos documentos para recibir su orden.)*

_____hereby fully understand the Warehouse Pick Up
(Member Agency)
Guidelines. I, _____ attest that the four individuals noted above are
(Agency Director)
authorized personnel from _____. I understand that only these four
(Member Agency)
individuals are allowed to pick up any merchandise from the Food Bank RGV for my agency.

I understand that if there are any updates to this authorized list, I must contact the Food Bank

RGV to advise them of these changes immediately.

_____ _____
(Agency Signature) *(Food Bank RGV Rep. Signature)*

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