



## Authorized Shopper Update

Please list all AUTHORIZED Shoppers. Any shoppers previously on file will be removed unless they are included. Please notify York County Food Bank, in writing, of all changes in Authorized Shoppers as soon as they occur.

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Shopper #1: _____	Shopper #5: _____
Email Address: _____	Email Address: _____
Phone Number: _____	Phone Number: _____
Shopper #2: _____	Shopper #6: _____
Email Address: _____	Email Address: _____
Phone Number: _____	Phone Number: _____
Shopper #3: _____	Shopper #7: _____
Email Address: _____	Email Address: _____
Phone Number: _____	Phone Number: _____
Shopper #4: _____	Shopper #8: _____
Email Address: _____	Email Address: _____
Phone Number: _____	Phone Number: _____

I hereby certify that the information provided here is accurate. Further, I guarantee that authorized shoppers have read and understand YCFB's policy on accessing product and are willing to adhere to them in the operation of our hunger relief program.

\_\_\_\_\_  
Signature of Authorized Program Director



## Member Agency Information Change

The best way to stay current and make the most of your membership with York County Food Bank is to ensure we have the correct information on file for your agency and the programs you operate. Please use this form to notify us of changes as they occur. (Please use the back side of this form to update us with any new shopper information.)

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Agency Mailing (Billing) Address:

Program's Physical Address:

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code:

City, State, Zip Code:

\_\_\_\_\_

\_\_\_\_\_

Director's Email Address:

Program Main Contact:

\_\_\_\_\_

\_\_\_\_\_

Agency Phone #:

Contact Email Address:

\_\_\_\_\_

\_\_\_\_\_

Agency Fax #:

Contact Phone #:

\_\_\_\_\_

\_\_\_\_\_

Please let us know if there have been important staffing changes, updates to your hours of operation or location, or any other important programmatic details that have not yet been covered. You do NOT need to answer this question if there are no changes to report.

I hereby certify that the information provided is accurate.

\_\_\_\_\_  
Signature of Authorized Director

\_\_\_\_\_  
Date

Fax, mail, or email completed form to:

Maria Vazquez, York County Food Bank  
254 West Princes Street, York, PA 17401  
Fax: 717-843-3379, [maria@yorkfoodbank.org](mailto:maria@yorkfoodbank.org)