



Partner Agency Change of Information Form

Name of Agency:		Effective Date:
Agency ID:		
Contact Name:		
Phone:	Email:	

New Distribution Hours and Days (if applicable):

Mon:	Tues:	Wed:	Thurs:
Fri:	Sat:	Sun:	List alternating weeks/days here if applicable:

Please fill in the following fields for any NEW contact. If no additional contacts should be added, please leave this section blank:

Name:	Email:
Phone: (cell)	Alternate Phone:
Is new contact a shopper (authorized to place orders), new food pantry main contact, or new executive director?:	

Please fill in the following fields to REMOVE a contact. If no existing contacts should be removed, please leave this section blank:

Name:	Email:
Phone: (cell)	Alternate Phone:
Is removed contact a shopper (authorized to place orders), new food pantry main contact, or new executive director?:	

Please fill in the following fields if there are any new ADDRESS changes for your feeding site (*FW requires a site visit for any new distribution locations). If not applicable, please leave this section blank.

New Mailing Address (for agency):	
City:	State and Zip Code:

New Physical/Distribution Address:	
City:	State and Zip Code:

Signature: _____ **Date:** _____

Print Name:

Upon completion, please return to Agency Services at:

200 Clearbrook Road | Elmsford, NY 10523 | 914.923.1100 TEL | 914.923.1198 FAX | www.FeedingWestchester.org



partnersinfo@feedingwestchester.org

Please note: New shoppers will receive a separate email to set up their account. They will receive an email from the Agency Services Team alerting them that their information has been entered into the system and to look for an email from NetSuite so they can create their new User ID and Password.

FW Staff Use Only:

Completed _____ Date: _____ Initials: _____