



USDA Foods - TEFAP Proxy Authorization

Attachment O

I, _____, hereby authorize _____
(Client Name) (Printed Name of person to pick-up box)

to pick-up my USDA Foods - TEFAP from North Central Food Pantry, Questa, NM
(Name of Agency or Organization)

and deliver it to me at my residence as I am unable to do so myself. This Authorization shall remain in effect until _____ or 12 months from today's date.

Client Signature

Date

Agency Representative

Date

New Authorized Name

Change Taken By

Date

_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____

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