

MS CHILD NUTRITION PROGRAMS

REQUEST TO AMEND SIGNATURE AUTHORIZATION FOR  
ALL CHILD NUTRITION PROGRAMS

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*Organization's Name*

Instructions: Complete all areas and mail to address below.

\* For changes to **Authorized Signature**, complete Section 1 and submit Board Minutes showing appointment (hire).

\*For changes to **Alternate Signature** complete sections 1 and 2

<u>Section 1</u>	<u>Section 2</u>
Name of Authorized Signature Person	Name of Alternate Signature Person
Title of Authorized Person	Title of Alternate Person
Original Signature of Authorized Person	Original Signature of Alternate Person
Date	Date

Our Mailing Address:

500 Greymont Avenue, Suite F  
Post Office Box 771  
Jackson, MS 39205-0771