

U.S. Bankruptcy Courts
Bankruptcy Noticing Center (BNC)
EVIDENCE OF AUTHORITY FORM FOR AUTHORIZED AGENT

This form must be completed as an attachment to the BNC Registration/Change of Service form when notices from the U.S. Bankruptcy Courts should be directed to an Authorized Agent of another entity. **This form does not need to be resubmitted unless there is a change to the information in it.**

Please be advised that pursuant to Federal Rule of Bankruptcy Procedure 2002(g)(4) _____ (Agent) is authorized to receive bankruptcy notices for _____ (Principal) and, if applicable, its related entities or individuals listed in the Evidence of Authority Form for Related Names.

One or both of the following options may be selected:

☐ On behalf of the Principal, Agent is authorized to make updates to the BNC Registration/Change of Service form (including, but not limited to, adding names and/or addresses for matching purposes, changing the electronic and/or preferred mailing address for delivery, adding and/or changing services, and changing contact information).

☐ On behalf of the Principal, Agent is authorized to make updates to the Evidence of Authority Form for Related Names.

Upon completion, the Principal must submit this form to the BNC.

Any combination of names and addresses submitted in the BNC Registration/Change of Service form will be used to match against the recipient list for a particular notice, and be identified for electronic transmission or redirection to a preferred U.S. mailing address.

I, the undersigned, am a representative of _____ (Principal), and I am authorized to give consent on behalf of the Principal, and, if applicable, for all related entities or individual names and addresses in the Evidence of Authority Form for Related Names. Bankruptcy notices for the Principal's names and addresses listed in the BNC Registration/Change of Service Form should be directed to _____ (Agent). The information submitted on this form is true and correct. I understand that neither the BNC nor the court bears any liability for errors resulting from the information submitted herein. **I understand I have a duty to inform the BNC should the Agent no longer be authorized to act on the Principal's behalf regarding the matters set forth herein.**

Principal Representative Name (print): _____

Representative's Signature: _____

Job Title: _____ Date: _____

Principal Entity Name: _____

Representative's Telephone Number: _____

Email, mail, or fax the signed form to the BNC at:

BAE SYSTEMS - Attention BNC Dept.
45479 Holiday Drive
Sterling, VA 20166
Email: ebn@baesystems.us
Fax: 571-392-9103

For additional information, you may visit the program webpage at <https://bankruptcynotices.uscourts.gov> or call the toll free help line at 1-877-837-3424.

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BNC#