



## SNAP CSA Pilot Program Cancellation Form

I, \_\_\_\_\_, no longer wish to pay SNAP benefits for my CSA Farm Share with (Vendor Name)\_\_\_\_\_. I understand that I must give this signed form to the CSA contact at least 10 days before I receive my next month’s SNAP benefits. If I do not give at least 10 days notice, my CSA share payment will be deducted from my next SNAP benefit issuance and the cancellation will take effect the following month. I will not receive a refund for CSA share payments that have already been deducted.

### **SNAP Customer Contact Information**

*(Head of Household or Authorized Rep. only- Please print clearly)*

Name:

Last digit of SNAP Customer’s SSN# or last digit of temporary 999 identification number:   
(Note: the 999 number is assigned by DTA an only acceptable if client does not have valid SSN)

### **EBT Card Number:**

|   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 6 | 0 | 0 | 8 | 7 | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Phone (include area code):

Email:

I am cancelling my automatic payments for the SNAP CSA Farm Share.

Reason for cancellation:

\_\_\_\_\_  
\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

Please return this form directly to your CSA or email to [DTA.CSA@state.ma.us](mailto:DTA.CSA@state.ma.us)