



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														
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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