



## SNAP CSA Pilot Cancellation Form

I, \_\_\_\_\_, no longer wish to pay SNAP benefits to 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# (Requested to determine benefit issuance date) or last digit of temporary identification number/999 (Only if SNAP customer does not have an 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)