

# 2016 CSA SNAP Payment Agreement

Mail this agreement to:  
 Portland Area CSA  
 Coalition  
 c/o Zenger Farm  
 11741 SE Foster Rd.  
 Portland, OR 97266

Questions? Contact your  
 farm:  
 47th Ave Farm  
 Laura Masterson  
 SNAP@47thAveFarm.com  
 971-645-3293



**CSA Description, Cost and SNAP Payment:** *Completed by farm.*

Share Description: i.e. regular share, double share, any add-ons, etc.			
Total Cost	\$555	<b>Monthly SNAP Payment:</b>	<b>\$101</b>
Initial Payment	- \$ 50	Your EBT/SNAP card will be charged the above	
Remaining Cost	= \$505	amount on the following months in 2016:	
<input checked="" type="checkbox"/> June <input checked="" type="checkbox"/> July <input checked="" type="checkbox"/> August <input checked="" type="checkbox"/> September <input checked="" type="checkbox"/> October			

**CSA Member Information:** *Please complete.*

First Name:		Last Name:	
Street Address:			
City:	State:	Zip Code:	
Primary Phone:			
Email Address:			
Best way to contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone			
Day of the month your SNAP benefits are issued:			

**CSA Member Agreement:** *Please initial each box and sign and date at the end.*

	I am making a <b>commitment for the entire CSA season</b> and I promise to make payments as described.
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	I understand that I am responsible for picking up my share (or arranging for someone else to get it) every week and that there are <b>no refunds</b> if I do not pick up.
	I promise to make sure that I have enough SNAP funds to cover my payment and that, if I have insufficient funds, make an alternate payment to my farm.
	I promise to contact my farm and the CSA Coalition immediately if I lose my SNAP benefits and arrange a different payment to my farm.
	I give permission to the Portland Area CSA Coalition to process my SNAP payments as described above.
Signature:	Date:



Office use only

N:	6/	7/	8/	9/	10/
F:	\$	\$	\$	\$	\$

Please complete **ONLY** the unshaded portion of these vouchers with your (1) SNAP/ EBT Card Number, (2) Cardholder Name, and (3) Signature and Today's Date.



Card Number: Cardholder Name: Signature: Date:	<b>Amount: \$XX.XX</b>	Date: 6/ /2016
	Approval:	FNS:
	<input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Refund	
	Portland Area CSA Coalition c/o Zenger Farm 11741 SE Foster Rd. Portland, OR 97266 payment@portlandcsa.org (503) 583-4415	
Clerk Signature:		

Card Number: Cardholder Name: Signature: Date:	<b>Amount: \$XX.XX</b>	Date: 7/ /2016
	Approval:	FNS:
	<input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Refund	
	Portland Area CSA Coalition c/o Zenger Farm 11741 SE Foster Rd. Portland, OR 97266 payment@portlandcsa.org (503) 583-4415	
Clerk Signature:		

Card Number: Cardholder Name: Signature: Date:	<b>Amount: \$XX.XX</b>	Date: 8/ /2016
	Approval:	FNS:
	<input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Refund	
	Portland Area CSA Coalition c/o Zenger Farm 11741 SE Foster Rd. Portland, OR 97266 payment@portlandcsa.org (503) 583-4415	
Clerk Signature:		

Card Number: Cardholder Name: Signature: Date:	<b>Amount: \$XX.XX</b>	Date: 9/ /2016
	Approval:	FNS:
	<input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Refund	



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 583-4415

Clerk Signature:

Card Number:  
 Cardholder Name:  
 Signature:  
 Date:

Amount: \$XX.XX Date: 10/ /  
 2016

Approval: FNS:

Purchase  Refund

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