

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.*

Half Share: This share should provide most of the veggies for couples & smaller households			
Total Cost	\$555	Monthly SNAP Payment:	30
Initial Payment	- \$ 50	Your EBT/SNAP card will be charged the above	
Scholarship	\$155	amount on the following months in 2016:	
Double Up Food Bucks	\$200	<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	
Remaining Cost	\$150		

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:			
How did you hear about the Double Up Food Bucks at this farm?			

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

	No one in my household, including myself, was a member of any CSA in 2015 (required to receive Double Up Food Bucks).
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	I am making a commitment for the entire CSA season and I promise to make payments as described.
	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 no refunds 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 understand that if I lose my SNAP benefits I will not be eligible for Double Up Food Bucks and all future payments to my farm will need to be the full monthly cost.
	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:	Amount: \$XX.XX	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:	Amount: \$XX.XX	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:	Amount: \$XX.XX	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:	Amount: \$XX.XX	Date: 9/ /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:	Amount: \$XX.XX	Date: 10/ / 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:	

