

_____ County Food and Nutrition Services
**Electronic Benefit Transfer
Account Debit Request**

Name: _____

Address: _____

Product Liability Case # _____

EBT Card PAN _____

I hereby authorize the _____ County Department of Social Services, Food and Nutrition Services (FNS), (as evidenced by my signature below) to debit my FNS Account in the amount of \$_____ per _____ beginning _____ until _____. I further authorize the FNS benefits that are debited from my account be applied to my outstanding FNS claim. I understand that this authorized debit may be in addition to the benefits that are being automatically deducted from my allotment to satisfy an outstanding overpayment claim. I understand that I may revoke this agreement at any time.

I also understand that no further debits can be made from my EBT account without my written consent; however, I am aware that I remain responsible for any unpaid FNS claim balance, which can be automatically withheld from my benefits at the allowable limits. I have entered this agreement of my own free will.

Signature _____ **Date** _____

Caseworker _____ **Date** _____

FOR AGENCY USE

Beginning Claim Balance: _____

EBT Account Debit: _____

Remaining Claim Balance: _____

Date of EBT Account Debit: _____ Date Debit Keyed in NCFAS: _____

Remarks: _____

