

Partial Payment with SNAP Benefits:

_____ I agree to pay \$ _____ in SNAP benefits per month from _____ (starting month) through _____ (end date) as a partial payment towards the total monthly cost of my *Dick's CSA HIP Share (\$40.00)*. I will pay the remaining balance \$ _____ to *Dick's Market Garden* with a check or money order.

- The amount I agreed to above will be automatically deducted from my EBT account on the date that I receive my SNAP benefits.
- I will receive farm produce bi-weekly, which will be available for pick up at:
Please check one of the following pick-up sites:

- _____ **2 Life Communities, 30 Wallingford Rd, Brighton, 2nd and 4th Fri. monthly**
- _____ **Brighton Marine, 77 Warren St., Brighton, 2nd and 4th Fri. monthly**
- _____ **Canterbury Towers, 6 Wachusett St., Worcester, 1st and 3rd Tues. monthly**

- It is my responsibility to pick up my share on my scheduled pick-up date, during the scheduled pick-up time.
- **If I cannot pick up my share, it is my responsibility to have someone to pick it up for me.**
- If I do not pick up my share during my scheduled pick-up time, it will be donated to a local food pantry, shelter or other institution that will make use of the produce and **I will not get a refund.**
- The types of produce in my share will change bi-weekly. There is no guarantee on the exact amount of produce. Shares will vary in weight, size and type of produce.
- I cannot return my CSA share for a refund or exchange it for other produce.
- I can cancel my participation in the pilot at any time. If I no longer want to participate, I will ask *Dick's Market Garden* staff or email DTA.CSA@MassMail.State.MA.US for a cancellation form.
- I will complete and return the form to *Dick's Market Garden* at least 10 days before I receive my next monthly SNAP benefit.
- If I do not return the completed form at least 10 days before that date, my CSA share payment may automatically be deducted from my next SNAP benefit. In that case, the cancellation will take effect the following month.
- I understand that *Dick's Market Garden* and DTA will act on my request to cancel my payment as soon as possible.
- I understand that I will not receive a refund for CSA share payments that have already been deducted.
- I agree to participate in a brief survey about this SNAP CSA Pilot at the beginning and end of the CSA season.
- My copy of this agreement, and the notices I will receive each time a payment is deducted from my SNAP EBT account, will serve as receipt of payment.

_____ SNAP Client Signature	_____ Date
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