



Request for Authorized Representative- Authorized
Agency-Authorized Payee

Office Name _____

_____/_____/_____
Date

Office Address _____

SNAP Benefits

I authorize _____ to act as my representative for application
Print Name of Authorized Person
and recertification of SNAP benefits only.

I authorize _____ to act as my representative for transaction
Print Name of Authorized Person
of SNAP benefits only.

I authorize _____ to act as my representative for transaction
Print Agency Name
of SNAP benefits only. I _____ am authorized by the above
Print Agency Representative Name
agency to receive the EBT card that will be used for transaction of SNAP benefits only.

Administrative Office Address

I authorize _____ to act as my representative for **both**
Print Name of Authorized Person
application and recertification of SNAP benefits and transaction of SNAP benefits.

Print Recipient's Name

Recipient's Telephone

Recipient's Signature

Recipient's SSN

Authorized Representative's Signature or Agency
Representative's Signature (for authorization only)

Authorized Representative's SSN or Agency's FEIN

Authorized Representative's Date of Birth

Worker's Name

Worker's Telephone



Cash Benefits

I authorize _____ to act as my authorized payee for all cash transactions on my behalf.
Print Name of Authorized Payee

Print Recipient's Name

Recipient's Telephone

Recipient's Signature

Recipient's SSN

Authorized Payee's Signature (for authorization only)

Authorized Payee's SSN

Authorized Payee's Date of Birth

Worker's Name

Worker's Telephone

YOUR RESPONSIBILITY

You must call 1-800-997-2555 to stop the person(s) you chose from being your Authorized Representative and/or Payee. If you do not call to stop the person(s) from being your Authorized Representative and/or Payee, he or she will continue to have access to your benefits even if your case closes and reopens at a later date.