ALBUQUERQUE GROWERS' MARKET ALLIANCE

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS / (ACH CREDITS)
& EBT VENDOR ELIGIBILITY or NON-ELIGIBILITY NOTICE FORM

EMAIL to: RYMinformation@gmail.com

Filled out by Manager: Does this Vendor sell raw produce? Y or N (circle one)
Does this Vendor sell products eligible for EBT? Y or N (circle one)
☐DGM ☐RYM ☐MileHi ☐NE Manager signature:_____

Filled out by Vendor

NAME on BANK ACCOUNT:_____

Name of Business:_____

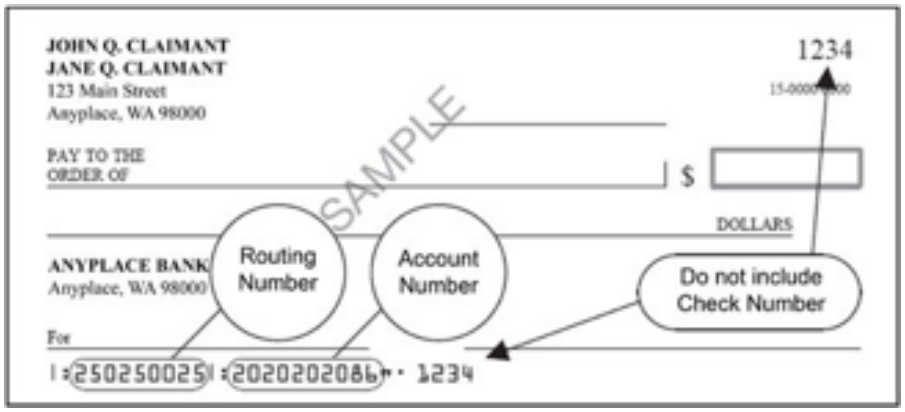
I am registered as the following type of Vendor… *(check one that applies)*	I recognize that I shall be reimbursed for the following types of tokens...	I recognize that I **shall not be reimbursed** for the following types of tokens...
☐ Grower of Raw Produce	EBT ($1), DUFB ($2), Debit ($5)	
☐ Packaged Food	EBT ($1), Debit ($5)	DUFB ($2)
☐ Prepared Food or Drink	Debit ($5)	EBT ($1), DUFB ($2)
☐ Non-Food	Debit ($5)	EBT ($1), DUFB ($2)

ACH AGREEMENT: I hereby authorize Albuquerque Growers' Market Alliance (AGMA) to initiate credit entries to the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. **I am a signer on the account indicated below. Account Info:**

NAME OF BANK: _____**CITY:** _____ **STATE:**_____**ZIP:**_____

TYPE: ☐Checking *or* ☐Savings **ROUTING #:** _____ **ACCOUNT #:**_____

Attach Voided Check here (required) :



EBT NOTICE/TOKEN AGREEMENT: I am trained on the token system, and agree to comply with Market procedures to turn in tokens for reimbursements, and recognize that accepting EBT tokens for non-eligible items or providing cash change for EBT is considered fraud and is a crime. I agree to provide proof of eligible product sales as requested. This agreement is to remain in full force and effect until AGMA has received written notification from me of its termination.

SIGNATURE: _____**Printed Name:**_____ **DATE:** _____