

Beneficial Farms CSA
Winter 2009-2010 Membership Form
11.1.09 to 4.30.10

Name: _____

Check here if the information we have on file is current. If not, please complete the section below.

Address: _____ City _____ Zip _____

Home Phone: _____ Work or cell: _____

E-mail: _____ Years as member: _____

I want to pick up my food at (please tell us the location): _____

How did you hear about us? _____

Splitting a Share? Please enter the contact information for the other person below.

Name _____ Phone _____ Email _____

PAYMENT INFORMATION:

Share Value \$ _____ based on CSA membership to begin on _____ and end on _____.

Choose payment plan:

_____ Payment in full, check# _____ OR

_____ Electronic Payment Plan: This is the primary method for payments and requires you to complete the bottom portion of this form.

Deposit now of \$ _____ and _____ (# of) payments of \$ _____
Payment dates are: _____

I hereby authorize Beneficial Farms CSA, hereinafter called COMPANY, to initiate debit entries, and if necessary, credits and adjustments for any debit entries in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Check here if banking information we have on file is current and sign below. If not, please complete the following section and sign below.

Checking/Savings (circle one) Routing # _____ Account # _____

DEPOSITORY Name _____ Branch _____

City _____ State _____ Zip _____

\$ _____ Share Value to be made in _____ # of payments of \$ _____ (amount of each payment)

Payment dates are _____.

This authority is to remain in full force and effect until COMPANY has processed all installment payments as outlined above or has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

SIGNATURE

DATE