



**EBT CARD STOCK TRANSFER**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
SFN 325 (8-2024)

**PART I - Completed by Human Service Zone Office**

HSZ/County Name:		HSZ/County Number	
Address			
City		State	ZIP Code
Number of EBT Cards Ordered			
Signature of Authorized HSZ Official			Date

**PART II - Completed by State SNAP Office**

First Sequence - 1st Card Number	Last Card Number	Number Cards in Sequence	
Second Sequence - 1st Card Number	Last Card Number	Number Cards in Sequence	
Third Sequence - 1st Card Number	Last Card Number	Number Cards in Sequence	
Fourth Sequence - 1st Card Number	Last Card Number	Number Cards in Sequence	
Signature of Authorized Transferring Official		Date of Transfer	Total Cards in Shipment

**PART III - Completed by Human Service Zone Office**

Signature of Authorized Receiving Official	Date of Receipt
--	-----------------