Case Name			
Address	City	State	ZIP Code
Enclosed is your EBT card. In o Service Client Helpline at 1-800-6	rder to access your benefits, you mu 330-4655 to select a PIN.	ust call the eFunds	Customer
If you have questions, please cor	ntact our office.		
Issuance Staff Signature			
Telephone Number	HSZ/County		
	-		

Retain a copy for EBT Issuance Records

Date Mailed