EBT CARD STOCK TRANSFER

ND DEPARTMENT OF HUMAN SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM/ELECTRONIC BENEFITS TRANSFER
SFN 325 (Rev. 10-2010)

Clear Fields

PART I - Completed by County Social Service Office

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

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 County Office

Signature of Authorized Receiving Official:	Date of Receipt:

DISTRIBUTION: Original - Return to State SNAP Office Copy - County Office