

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
ELECTRONIC BENEFIT TRANSFER
EBT CARD/PIN SIGN OUT
AUTHORIZATION FORM**

_____ is authorized on _____ to sign out the EBT Card
employee name date
and PIN issued in the name _____
case number _____ for the purpose of _____

Authorized by: _____
Printed Name

Signature

Date

**Form EBT 7
(Rev. 04/04)**