



995 Worthington Street, Springfield, MA 01109
Telephone (413) 734-5376 FAX (413) 737-7949

ATM Card Usage Agreement

I, _____, agree to make purchases only at Stop & Shop and other approved vendors on behalf of the Mental Health Association, Inc. for use in a designated program with the program's debit card. I understand that I have been given a personal identification number by the Agency which will allow me make charges at approved vendors with this debit card. I understand that I cannot exceed the maximum allowable charge per day nor can I disclose the PIN number to anyone. I agree to return transaction receipts as well as the food purchases receipts in a timely manner. I further understand that any unauthorized charges on the debit card account while the card has been signed out in my possession will be my responsibility to pay unless I have reported the card lost or stolen.

Name (print)

Date

Signature