

**EBT Customer Service Automated Response Unit (ARU)
Personal Identification Number (PIN) Restriction Permission Form**

Payee Name _____

Case Name _____

Case Number _____

CIN _____

As the payee for the case indicated above, I am requesting that the agency

___ Restrict

___ Unrestrict

access to the EBT Customer Service ARU PIN selection function for all of my applicable Client Benefit Identification Cards (CBICs)

Payee Signature _____

Date _____

Worker Signature _____

Date _____

Supervisor Signature _____

Date _____