

# Judd Hill Farmers' Market

## Direct Deposit for Coin Reimbursement

---

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Payments made every month via direct deposit:

(provide information for Direct Dep.) Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
East Arkansas RC&D Council (signature)

Dr. J. Kim Pittcock

Program Manager

\_\_\_\_\_  
JHFM Vendor (signature, can be typed)

Email to [Juddhillfarmermarket@yahoo.com](mailto:Juddhillfarmermarket@yahoo.com)

or Mail to: Dr. Kim Pittcock

367 CR 335

Jonesboro, AR 72401