

# Good Shepherd Fund

A SECURED ALLIANCE AFFILIATE

## TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@GoodShepherdFund.org

MAIL: 10439 S 51st St. STE 225, Phoenix, AZ 85044

PHONE: 833-403-1198

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## REQUEST TO PAY A BILL

DATE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

BENEFICIARY (please print name): \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE (Beneficiary, POA, or Guardian): \_\_\_\_\_

REASON FOR BILL (cable, phone, insurance, etc.): \_\_\_\_\_

AMOUNT OF BILL: \$ \_\_\_\_\_

ACCOUNT NUMBER FOR BILL: # \_\_\_\_\_

ACCOUNT PIN (personal identification number): # \_\_\_\_\_

CHECK PAYABLE TO (company/business name, etc.): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAIL CHECK TO (if different than payee): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- **A COPY OF THE BILL OR INVOICE IS REQUIRED**
- **Requirement:** For credit card bills please include the detailed statement and original itemized receipts.
- **If:** Paying for a Service, Please Include Service Provider's SSN: \_\_\_\_\_

### ADDITIONAL INFORMATION:

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PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.

FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.

**GOODSHEPHERDFUND.ORG**