

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

RECURRING PAYMENT

PLEASE SUBMIT YOUR REQUEST 30 DAYS BEFORE THE DUE DATE AND
WILL NEED TO BE RESUBMITTED IT EVERY YEAR.

**This does not apply to payments required by court order or your joinder agreement.*

DATE: _____ ACCOUNT NUMBER: _____

BENEFICIARY (please print name): _____

PHONE: _____ EMAIL ADDRESS: _____

SIGNATURE (Beneficiary, POA, or Guardian): _____

___ **START** **Effective Start Date:** _____ Automatically expires 12 months from Start Date,
except for payments required by Court Order or Joinder Agreement. Copy of bill or invoice required.

___ **CHANGE** **Effective Change Date:** _____ **30-day notice required.** A new Recurring Payment
form will be required.

___ **CANCEL** **Effective Cancellation Date** (if less than 12 months from start date): _____

CHECK PAYABLE TO: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

AMOUNT TO BE PAID (must be the same amount every cycle period): \$ _____

PAYMENT IS DUE ON THE (day): _____ of each (check one box below):

___ Week ___ Month ___ Quarter ___ Year

REASON FOR DISBURSEMENT: _____

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