
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: _____

REQUESTED PAYMENT METHOD

TRUE LINK CARD: I understand funds are approved and loaded to the card for this bill and may not be used for another purchase.

ONLINE OR PHONE PAYMENT: I understand if there is insufficient information to make an online/ phone payment or the vendor will not allow a guest payment a check will be mailed.

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 an individual for a service, please include **Service Provider's SSN:** _____

ADDITIONAL INFORMATION: _____