

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): _____

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

___ **CHECK PAYABLE TO** (vendor name): _____

ADDRESS: _____

ACCOUNT NUMBER: _____

AMOUNT TO BE PAID (must be 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 BUESINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED. FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY. GOODSHEPHERDFUND.ORG