



TO SUBMIT YOUR REQUEST

FAX: 215-358-2291

EMAIL: disbursements@SecuredFutures.org

MAIL: Secured Futures Processing Center
PO Box 51600 · Phoenix, AZ 85076

REQUEST TO **PAY A BILL**

DATE _____ **Secured Futures Account Number** _____

BENEFICIARY (PLEASE PRINT) _____

Phone Number _____ **Email Address** _____

SIGNATURE of Beneficiary | POA | Guardian _____

.....
Reason for Bill (cable, phone, insurance, etc.) _____

Amount of Bill _____

Account Number for Bill _____ **Account PIN** (Personal Identification Number) _____

Check Payable to _____

Address: _____

Mail Check to (if different than payee) _____

Address: _____

- **A COPY OF THE BILL OR INVOICE IS REQUIRED**
- Credit card bills require the detailed statement and original itemized receipts
- If paying for a service, please include service provider's SSN _____

Additional Information:

Please allow 5-8 business days for processing. Incomplete forms will be returned to the beneficiary.

YOU MAY MAKE COPIES OF THIS FORM OR DOWNLOAD FROM OUR WEBSITE: www.SecuredFutures.org/forms

www.SecuredFutures.org | Phone: 1-602-635-6674

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