



**TO SUBMIT YOUR REQUEST**

**FAX:** 215-358-2291

**EMAIL:** disbursements@SecuredFutures.org

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

## MONTHLY RECURRING PAYMENT

**MUST BE SUBMITTED 30 DAYS IN ADVANCE OF DUE DATE**

*By signing below, you authorize Secured Futures to set up the referenced monthly payment to be debited from your account until the indicated end date or until we are notified by you to cancel the request.*

*To cancel or make changes, a minimum 30 day notice is required. You must notify us by submitting a new Monthly Recurring Payment form.*

**DATE** \_\_\_\_\_ **Secured Futures Account Number** \_\_\_\_\_

**BENEFICIARY (PLEASE PRINT)** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**SIGNATURE of Beneficiary | POA | Guardian** \_\_\_\_\_

**START** Effective Start Date \_\_\_\_\_

**CHANGE** Effective Change Date \_\_\_\_\_

**CANCEL** Effective Cancellation Date \_\_\_\_\_

**A COPY OF THE BILL OR INVOICE IS REQUIRED**

**Check Payable to** \_\_\_\_\_

*Address:* \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Amount to be paid monthly (must be the same every month)** \_\_\_\_\_

**Payment is due on the** \_\_\_\_\_ **of each month.**

**Reason for Disbursement** \_\_\_\_\_

**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](http://www.SecuredFutures.org/forms)

[www.SecuredFutures.org](http://www.SecuredFutures.org) | Phone: 1-602-635-6674

(06/22/2018)