



TO SUBMIT THIS FORM

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PHONE: 877-734-8880

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 (Vendor Name) _____

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.

Forms are available on our website: www.SecuredFutures.org/document-library

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