



Secured Futures

A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@SecuredFutures.org

MAIL: 10439 S 51st St. STE 225, Phoenix, AZ 85044

PHONE: 602-635-6674

REQUEST TO PAY A BILL

DATE: _____ SECURED FUTURES 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: # _____

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**
- **Requirement:** For credit card bills please include 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 IN THE RESOURCE LIBRARY.

SECUREDFUTURES.ORG