



Secured Futures

A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM

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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): _____

CHECK PAYABLE TO: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

AMOUNT TO BE PAID (must be the 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 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.

FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.

SECUREDFUTURES.ORG