



# 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): \_\_\_\_\_

\_\_\_ **TRUE LINK CARD:** I understand funds are approved and loaded to the card for this bill and may not be used  
for another purchase.

\_\_\_ **CHECK PAYABLE TO** (vendor name): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**AMOUNT TO BE PAID** (must be 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 BUESINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.  
FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.  
SECUREDFUTURES.ORG**