Secured Futures
A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM
FAX: 215-358-2291
EMAIL: email@SecuredFutures.org
MAIL: 10439 S 51st Street STE 225, Phoenix, AZ 85044
PHONE: 602-635-6674

REQUEST TO PAY A BILL

DATE: _____ **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:** _____

REQUESTED PAYMENT METHOD

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

☐ **ONLINE OR PHONE PAYMENT:** I understand if there is insufficient information to make an online/ phone payment or the vendor will not allow a guest payment a check will be mailed.

☐ **CHECK PAYABLE TO** ***(company/business name, etc.)*****:** _____

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 an individual for a service, please include **Service Provider's SSN**: _____

ADDITIONAL INFORMATION: _____

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