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 RESUBMITED 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