



Bill Disbursement Arrangement

This form is to be used when a client requests a bill to be paid that is not in his or her name.
Bills must be submitted to payee each month before payment.

Date to Start: _____ Program: _____

Client Name: _____

Name on Bill: _____

Check Payable TO: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Client Signature: _____ **Date:** _____

TERMINATION

I wish to terminate this agreement. Reason:

Client Signature: _____ **Date:** _____

