



Disbursement Arrangement

This form is used when a client requests a third party to receive checks on his or her behalf.

Date to Start: _____ Program: _____

Client Name: _____

Name on Bill: _____

Check Payable to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____

Account Number: _____

Reason for Disbursement: _____

Client Signature: _____ Date: _____

TERMINATION

I wish to terminate this agreement. Reason:

Client Signature: _____ Date: _____

