



**AllTrust**  
Payee Corp., Inc.

**Mail or Fax completed forms to 2046 Treasure Coast Plaza Suite A294 Vero Beach, FL 32960  
Fax: 772 618-4647 Email: Admin@alltrustpayee.com**

Date: \_\_\_\_\_

Individual for whom money is requested for: \_\_\_\_\_

Amount requested: \_\_\_\_\_ Date due: \_\_\_\_\_

Purpose for additional funds: \_\_\_\_\_

Upload to debit card:  Yes  No

**Please send ALL receipts to  
ALLTRUST PAYEE  
CORP.  
PER SSA REGULATIONS**

Check made payable to:  
\_\_\_\_\_

Check is to be mailed to:  
\_\_\_\_\_

Case Manager: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

**\*By signing and submitting this request, I agree to collect receipts for the purchases and provide them to AllTrust Payee within 7 days. Failure to submit receipts will make this client ineligible for any future additional funds requests except in an emergency situation. Any forms that are not signed will not be authorized or processed.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date:

To be completed by AllTrust Staff only:  
  
Approved: \_\_\_\_\_ Date: \_\_\_\_\_ CK/Batch # \_\_\_\_\_ Staff Initials: \_\_\_\_\_