



AllTrust  
Payee Corp., Inc.

## Cell Phone Payment Authorization

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

CLIENT NAME: \_\_\_\_\_

CELL PHONE CARRIER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

PIN# \_\_\_\_\_

MONTHLY DUE DATE: \_\_\_\_\_

MONTHLY CHARGE: \_\_\_\_\_

I, \_\_\_\_\_ request AllTrust Payee Corp., Inc, as my Representative Payee, to issue payments on a monthly basis for my cell phone bill, providing I have sufficient funds in my account.

AllTrust Payee Corp, Inc. will continue to make this payment until **NOTIFIED IN WRITING OF ANY CHANGES OR CANCELLATIONS.** AllTrust Payee Corp., Inc. will not be liable for any unpaid fees or charges that differ from the amount listed above.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Rep. Payee Signature: \_\_\_\_\_ Date \_\_\_\_\_