



Alltrust Payee Corp., Inc.
P.O. Box 650369
Vero Beach, FL 32965

Additional Funds Request Form

All Receipts can be Mailed, faxed 772-618-4647
or E-mailed (Admin@alltrustpayee.com)

INCOMPLETE FORMS WILL NOT BE PROCESSED

Must Submit before Thursday at 3pm

Individual For whom money is requested for: _____

Amount Requested: _____ Due Date: _____ Client Phone #: _____

Purpose for the additional funds: _____

Uploaded to Debit card: Yes No

Make check Payable to: _____

Address the check is to be mailed to: _____

Case Manager: _____

Case Manager Phone #: _____

E-mail: _____

Name of Agency: _____

Please send ALL Receipts to
ALLTRUST PAYEE CORP.
PER SSA REGULATIONS

***** 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 (except in an emergency). If this form is not signed, it 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: _____