

Date: _____

Social Security Administration
6011 Odana Road
Madison, WI 53719

To Whom It May Concern:

I am writing this letter to inform your agency that I agree to Fiscal Assistance, Inc. becoming the Representative Payee for all of my social security benefits. My name is _____ and my Social Security number is _____ - _____ - _____ and my date of birth is _____.

I understand this change is in my best interest and I would like this change to start as soon as possible.

Sincerely,