



# Best Payments Foundation Payee Service Agreement

## Rights & Responsibilities

### As a client of Best Payments, you have the right to:

1. Participate in creating a budget to ensure your housing, utilities and basic daily needs are met.
2. Be treated with respect.
3. Be fully informed of your rights and receive a copy of anything we ask you to sign.

### As a client of Best Payments, you have the responsibility to:

1. Provide accurate information to Best Payments and follow your budget.
2. Notify Best Payments of any changes regarding income, expenses, living arrangements and employment (start, stop or change jobs).
  - a. Provide copies of your pay stubs to Best Payments.
3. Treat Best Payments employees with respect.
4. Notify Best Payments if you change payees with Social Security. You will be responsible for any bills we have paid without receiving benefits.

## Authorization of Services

### As a client of Best Payments, I agree to the following Authorization for Services:

1. I understand that Best Payments has filed an application with The Social Security Administration to become my representative payee.
2. I understand Best Payments will receive any Social Security benefits for which I am eligible. Best Payments will be responsible of managing my benefits in my best interest and follow Social Security guidelines for managing my money. I understand that I have a budget and I will have access to my money as outlined in my budget.
3. I understand this is a voluntary program and can be terminated at any time by either party for any reason.
4. I understand Best Payments may release information as permitted by law.
5. I am aware this is a fee for service program. The payee service fee covers only responsibilities as assigned by Social Security. The monthly fee will be deducted monthly from my payee account. I am responsible for the monthly \$57 fee; unless the following agency / provider pays the monthly fee \_\_\_\_\_ (Insert Agency Name)
6. Best Payments offers an optional service to be your Authorized JFS Representative. This is not a requirement of our payee service and is a separate service. If you would like Best Payments to be your JFS Representative, you understand the monthly fee of \$24 will be deducted from your payee account. Please complete the Authorization of JFS Rep forms.

\_\_\_\_\_  
Client Name (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number