

# **Best Payments**

# 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.
- 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