



# PAYEE CHECK DISBURSEMENTS REQUEST FORM

FAX THIS FORM TO:

(916) 399-9420

**CONSUMER NAME:** \_\_\_\_\_ **SSN NUMBER:** \_\_\_\_\_

### CONSUMER CHANGE OF ADDRESS

EFFECTIVE DATE \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE ZIP \_\_\_\_\_

### CONTINUING EXPENDITURES

\_\_\_\_\_ EFFECTIVE DATE

#1 PAY  WEEKLY: \_\_\_\_\_  DAY OF THE MONTH: \_\_\_\_\_  1st ONLY  1st & 15th ONLY  AS BILLED  
\$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_ FOR: \_\_\_\_\_  
MAIL TO: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE ZIP \_\_\_\_\_

#2 PAY  WEEKLY: \_\_\_\_\_  DAY OF THE MONTH: \_\_\_\_\_  1st ONLY  1st & 15th ONLY  AS BILLED  
\$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_ FOR: \_\_\_\_\_  
MAIL TO: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE ZIP \_\_\_\_\_

### ONE TIME EXPENDITURES

#1 PAY \$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_ FOR: \_\_\_\_\_  
MAIL TO: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE ZIP \_\_\_\_\_

#2 PAY \$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_ FOR: \_\_\_\_\_  
MAIL TO: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE ZIP \_\_\_\_\_

### CANCELATIONS

\_\_\_\_\_ EFFECTIVE DATE

#1 CANCEL  WEEKLY: \_\_\_\_\_  DAY OF THE MONTH: \_\_\_\_\_  1st ONLY  1st & 15th ONLY  AS BILLED  
\$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_ FOR: \_\_\_\_\_

#2 CANCEL  WEEKLY: \_\_\_\_\_  DAY OF THE MONTH: \_\_\_\_\_  1st ONLY  1st & 15th ONLY  AS BILLED  
\$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_ FOR: \_\_\_\_\_

**SERVICE COORDINATOR:** \_\_\_\_\_

**PROGRAM MANAGER:** \_\_\_\_\_