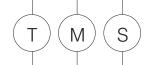
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PAYEE CHECK DISBURSEMENTS REQUEST FORM

FAX THIS FORM TO:

(805) 227-2864

PERSON SE	RVED NAME:		SSN NUMBER:	
PERSON SE	RVED CHANGE OF A	ADDRESS		
EFFECTIVE DATE	ADDRES	ss		
CONTINUIN	G EXPENDITURES			
	_	DATE TO BE SENT	_	
#1 PAY	WEEKLY:	DAY OF THE MONTH:	1st ONLY 1st & 15th ONLY	AS BILLED
	AMOUNT \$	PAYABLE TO:	ACCT #/DECRIPTION:	
	MAIL TO:	ADDRESS		
		ADDRESS		
#2 PAY	WEEKLY:	DAY OF THE MONTH:	1st ONLY 1st & 15th ONLY	AS BILLED
	AMOUNT \$	PAYABLE TO:	ACCT #/DECRIPTION:	
	MAIL TO:			
		ADDRESS		
ONE TIME E	XPENDITURES	DATE TO BE SENT		
#1 PAY	AMOUNT \$	PAYABLE TO:	ACCT #/DESCRIPTION:	
	WALE TO:	ADDRESS		
#2 PAY	AMOUNT \$	PAYABLE TO:	ACCT #/DESCRIPTION:	
	MAIL TO:			
		ADDRESS		
CANCELATION	EFFECTIVE D.	ATE		
#1 CANCEL	WEEKLY:	DAY OF THE MONTH:	☐ 1st ONLY ☐ 1st & 15th ONLY	AS BILLED
		PAYABLE TO:		
#2 CANCEL	WEEKLY:	DAY OF THE MONTH:	1st ONLY 1st & 15th ONLY	AS BILLED
	AMOUNT\$	PAYABLE TO:	ACCT #/DESCRIPTION:	
SERVICE CO	ORDINATOR			
JENVICE OF	OIDINAI ON.		PHONE DATE	
COMMENTS	:			