Advocates & Guardians for the Elderly & Disabled, Inc.
1607 Cherrywood Lane, Longwood, FL 32750
Phone: (407)-682-4111 | Fax: (407)-682-5511 | paymybills@trustaged.org

Disbursement Request Form

NO PAYMENTS WILL BE MADE AFTER NOTIFICATION OF DEATH OF BENEFICIARY.

Beneficiary Name (Last, First):					Date:	
Beneficiary Residence:	☐ Private Home	☐ Assisted Living	☐ Nursing Home	☐ Group Home		
Beneficiary Medicaid Program:	☐ SSI	☐ SSDI	☐ MEDS-AD	☐ QMB	☐ HCBS	☐ Nursing Home / ICP
Advocate Name (Last, First):					Advocate Phone:	

For Office Use Only:

Payee Name:				Payee Account #:	
Payee Address:			**Bill Amount:**		Due Date:
City:	State:	Zip:	Setup Recurring Payment? ☐ YES ☐ NO	How Often? ☐ MTHLY ☐ WKLY ☐ YRLY ☐ QTRLY	
Check Memo Section:				Receipts/Invoice Attached? ☐ YES ☐ NO	
Other Requests/Information:					
Beneficiary Advocate / Authorized Signature:			Print Name:		Date:
Trustee Acknowledgement Signature:			Print Name:		Date:

Payee Name:				Payee Account #:	
Payee Address:			**Bill Amount:**		Due Date:
City:	State:	Zip:	Setup Recurring Payment? ☐ YES ☐ NO	How Often? ☐ MTHLY ☐ WKLY ☐ YRLY ☐ QTRLY	
Check Memo Section:				Receipts/Invoice Attached? ☐ YES ☐ NO	
Other Requests/Information:					
Beneficiary Advocate / Authorized Signature:			Print Name:		Date:
Trustee Acknowledgement Signature:			Print Name:		Date:

Important Information: **Invoices from payee/creditors MUST be provided with this form, including the entire statement and all pages**. Fill out disbursement request form in its entirety. Incomplete forms may delay payment. All disbursements MUST be payable to a 3rd party, and for the sole benefit of the beneficiary. Beneficiary Advocate must authorize all disbursements. No disbursements paid to beneficiary. **No payments will be made after notification of death of beneficiary.** For SSI Clients: It is the Beneficiary Advocate's responsibility to notify Social Security of any payments made for in-kind support and maintenance. By signing this disbursement form, I hereby authorize Trustee to make payment to payee/creditor in the amount indicated. I understand if disbursement compromises government benefits eligibility, it may be denied or cause a reduction in benefits. If denied, and payment is still requested, AGED, Inc. and the Trustee shall not be held liable for any loss and will save the aforesaid harmless from any claims and / or liability.