



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

**AGED Guardianship Benevolent Fund
 Disbursement Form**
 PLEASE MAKE COPIES AS NEEDED

INVOICES FROM GUARDIAN AND OR ATTORNEY **MUST** ACCOMPANY THIS FORM ♦ GUARDIAN **MUST** AUTHORIZE ALL DISBURSEMENTS ♦ CONSULT WITH YOUR ATTORNEY RE: 744.367 REPORTING “REMUNERATION” RECEIVED

Ward Last name:	Ward First name:	Today's Date:
Guardian's Name:	Guardian's Phone:	
County of Venue: (REQUIRED)		

♦ NO PAYMENTS WILL BE MADE AFTER NOTIFICATION OF DEATH OF WARD ♦

Guardian Payment Information			
Payee Name:			
Address:		Bill Amount:	
Phone:	City:	State:	ZIP Code:
Check Memo Section:			
Under penalty of perjury, I declare that I have read the foregoing and the facts stated are true and correct to the best of my knowledge and belief. If a guardian is discharged, removed, or the ward passes away AGED will be notified immediately.		Other Requests / Information:	
Guardian's Signature:		Print Name:	Date:
AGED's Signature:		Print Name:	Date:
Attorney Payment Information			
Payee Name:			
Address:		Bill Amount:	
Phone:	City:	State:	ZIP Code:
Check Memo Section:			
Under penalty of perjury, I declare that I have read the foregoing and the facts stated are true and correct to the best of my knowledge and belief. If a guardian is discharged, removed, or the ward passes away AGED will be notified immediately.		Other Requests / Information:	
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AGED's Signature:		Print Name:	Date: