



Advocates & Guardians for the Elderly & Disabled, Inc.
 1024 Florida Central Pkwy, Longwood, FL 32750
 Phone: (407) 682-4111 | Fax: (407) 682-5511
 Email: 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	How Often? <input type="checkbox"/> MTHLY <input type="checkbox"/> WKLY <input type="checkbox"/> YRLY <input type="checkbox"/> QTRLY		
Check Memo Section:					Receipts/Invoice Attached? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	How Often? <input type="checkbox"/> MTHLY <input type="checkbox"/> WKLY <input type="checkbox"/> YRLY <input type="checkbox"/> QTRLY		
Check Memo Section:					Receipts/Invoice Attached? <input type="checkbox"/> YES <input type="checkbox"/> 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.