

Good Shepherd Fund

A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@SecuredAlliance.org

MAIL: 9633 S. 48th St. Ste. 290 · Phoenix, AZ 85044

PHONE: 833-403-1198

RECURRING PAYMENT

MUST BE SUBMITTED 30 DAYS IN ADVANCE OF DUE DATE AND RESUBMITTED EVERY YEAR*

** Except for payments required by Court Order or your Joinder Agreement.*

By signing below, you authorize Good Shepherd Fund to set up the referenced recurring payment to be debited from your account until the yearly cycle has ended or until we are notified by you to cancel the request.

DATE _____ Account Number _____

BENEFICIARY (PLEASE PRINT) _____

Phone Number _____ Email Address _____

SIGNATURE of Beneficiary | POA | Guardian _____

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- START** Effective Start Date _____ *Automatically expires 12 months from Start Date, except for payments required by Court Order or your Joinder Agreement. **Copy of bill or invoice required.***
- CHANGE** Effective Change Date _____ **30-day notice required.** You must submit a new Recurring Payment form.
- CANCEL** Effective Cancellation Date *if less than 12 months from Start Date* _____

Check Payable to _____

Address: _____

Account Number _____

Amount to be paid *(must be the same every cycle period)* _____

Payment is due on the _____ of each (choose only one): Week Month Quarter Year

Reason for Disbursement _____

Please allow 5-8 business days for processing.

www.gsfcare.org

(Rev. 3/10/2021)