



Mental Illness Recovery
Center, Inc.

Representative Payee Client Fund Disbursement Form

Client's Name: _____

Authorizes the withdrawal of \$ _____ in funds from my account.

I have authorized this expenditure from my account

Client's Signature: _____

Date: _____ Check #: _____

Check to be (circle one): MAILED DELIVERED PICKED UP

Address to mail check to: _____

Please list any specifications or limits regarding this disbursement:

My Signature indicates that I have been consulted regarding this expense

Case Manager's Signature: _____

Friendship Center maintains final decisions as Representative Payee.
****Please Note: There will be a 24-hour waiting period for disbursement.**

Date Received: _____ Time Received: _____ Initials: _____

Please initial this box to acknowledge that you will provide receipts if your disbursement is over \$50.00 and not made out to a particular business or individual. .
If you do not provide receipts for your purchases you may not be able to receive checks for more than \$50.00 in the future unless they are made out to the vendor.

