

# Good Shepherd Fund

A SECURED ALLIANCE AFFILIATE

## TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@SecuredAlliance.org

MAIL: 9633 S. 48<sup>th</sup> St. Ste. 290 · Phoenix, AZ 85044

PHONE: 833-403-1198

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## REQUEST TO PAY A BILL

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DATE \_\_\_\_\_ Account Number \_\_\_\_\_

BENEFICIARY (PLEASE PRINT) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

SIGNATURE of Beneficiary | POA | Guardian \_\_\_\_\_

Reason for Bill (cable, phone, insurance, etc.) \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Account Number for Bill \_\_\_\_\_ Account PIN (Personal Identification Number) \_\_\_\_\_

Check Payable to \_\_\_\_\_

Address: \_\_\_\_\_

Mail Check to (if different than payee) \_\_\_\_\_

Address: \_\_\_\_\_

- **A COPY OF THE BILL OR INVOICE IS REQUIRED**
- Credit card bills require the detailed statement and original itemized receipts
- If paying for a service, please include service provider's SSN \_\_\_\_\_

**Additional Information:**

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Please allow 5-8 business days for processing.

www.gsfcare.org

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