



Venaglia Payee, Inc.  
PO Box 80841  
Portland, OR 97280

## Debit Card Consent Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Citizenship: ☐ United States of America ☐ Other \_\_\_\_\_

I understand that I may legally purchase anything that I choose with my personal allowance funds. This includes services with monthly fees.

I have chosen to obtain the **True Link debit card**. I have received the fee schedule for this service.<sup>†</sup> I understand and accept the monthly fee and all fee's associated with this card. It is legally and entirely my choice to make this purchase and I am exercising my right to do so.

There are no fees being charged for this card by my Representative Payee. All fees are being charged by True Link Financial.

My cell phone number will be linked to my True Link account. This allows SMS messaging to check the available balance on my card.

I understand that I can withdraw this consent at any time, for any reason.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<sup>†</sup> If you have not received the fee schedule, you may contact us at **(971) 221-7070**, **lyra.venaglia@venaglia.net**, or visit **<https://venagliapayee.godaddysites.com>** to request a copy. Note that the fee schedule posted on the True Link website does not apply as Venaglia Payee receives discounted rates for our clients.

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This section to be completed by an authorized representative of Venaglia Payee, Inc.

Authorized Representative: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date card was ordered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date sent to client: \_\_\_\_/\_\_\_\_/\_\_\_\_