



## CELL PHONE AUTHORIZATION FOR PAYMENT

I, \_\_\_\_\_ give TRUST UNITED INC as my representative payee to make payments for my cell phone on a monthly basis. The funds will be deducted from my account that is managed by TRUST UNITED INC.

I will inform TRUST UNITED INC if I change cell phone carrier.

TRUST UNITED INC will not be responsible or liable for any fees that are unpaid or charges that were made beyond the minimum services.

TRUST UNITED INC will make a monthly fee until we receive a letter that you will like for us to terminate payments.

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Client's Name: \_\_\_\_\_

Name on the: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_

Pin Number: \_\_\_\_\_ (Please make this something you can remember with the carrier)

Monthly Charge: \$ \_\_\_\_\_

Cell Charge Due Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

Case Manager / Social Worker Printed Name: \_\_\_\_\_

Case Manager / Social Worker Signature: \_\_\_\_\_

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

Mailing / Physical: 1031 Ives Dairy Road, Suite 228, Miami, Florida 33179

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