

Wyoming Guardianship Corporation
Representative Payee Program

PO Box 2778
Cheyenne, WY 82003
Phone (307) 638-7097
Fax (307) 635-0776

I, _____ SS # _____,
hereby request and authorize the Wyoming Guardianship Corporation Representative Payee Program, hereinafter referred to as WGRPP, to act as my Representative Payee. As a part of this request and authorization, I agree to the following:

1. I will authorize the Social Security Administration, and any others providing any source of income, to directly deposit this income into the WGRPP checking account or to make this income available to the WGRPP for immediate deposit into their checking account.
2. I will work with the WGRPP to develop a realistic and workable budget for my finances. I understand that I will receive a check either weekly or twice a month to cover household and personal expenses.
3. I understand that I will remain individually responsible for any purchases made or any credit I obtain during this agreement. The WGRPP is in no way responsible for any of my debts, past, present, or future.
4. The WGRPP, through its authorized representatives, is the only authorized signer of checks on my behalf. The WGRPP will use my deposited funds to make payments on all agreed upon bills. It will be my responsibility to bring a complete list of all debts, bills, and other payments required of me, to the attention of WGRPP.
5. There will be a monthly service charge of \$41.00 (which may be raised automatically when approved by the Social Security Administration) to help defray the cost to WGRPP for serving as my Representative Payee. There can be additional charges for services if there is other income for us to manage.
6. Personal expense checks will be mailed on Tuesdays if your personal finances permit.
7. I will receive a quarterly accounting of all financial transactions made through my account.

Signature of Client

Date

Attest

Date