Wyoming Guardianship Corporation
PO Box 2778
Cheyenne, WY 82003

WGC

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Representative Payee Program Services Agreement

I, _____ Social Security# _____

Hereby request and authorize Wyoming Guardianship Corporation Representative Payee Program, hereinafter referred to as WGCRPP to act as my Representative Payee. As part of this request and authorization, I agree to the following:

1. I authorize the Social Security Administration and any other organizations providing any source of income to me, to directly deposit this income into the WGCRPP checking account, or to otherwise make this income available to WGCRPP for immediate deposit into the WGCRPP checking account.
2. I will work with WGCRPP to develop a realistic and appropriate budget for my finances. WGCRPP will use my deposited funds to make payments on all agreed upon bills.
3. I understand that I will receive funds on a True Link debit card either one time weekly or twice monthly to cover household and personal expenses. I also understand that I may be charged for excessively lost or stolen debit cards.
4. I understand that I will remain individually responsible for any purchases I make or any credit I obtain during this agreement. WGCRPP is in no way responsible for any of my past, present or future debts.
5. I understand that WGCRPP, through its employees, is the only authorized signer of checks or ACH on my behalf.
6. I acknowledge it will be my responsibility to send a complete list of all my debts, bills and other payments required of me, to WGCRPP at the address listed on the top of this letter. If I do not notify WGCRPP of my bills or debts, they will not be paid.
7. I understand there will be a monthly service charge of $43.00 (which is set by and may be raised by the Social Security Administration) for WGCRPP services. There will be additional charges for income managed by WGCRPP that is not Social Security income.
8. I understand that personal expense funds will be transferred to my True Link debit card on Tuesdays. No exceptions.
9. I understand that WGCRPP will send me a quarterly accounting of all financial transactions made through my account.

_____   _____

Signature of Client   Date