Help
Me
Budget™

Check Request Form

____
Date

____
Client Name

____
Client date of birth

____
Email address or Phone number

____
Authorized Rep Name & Authorized Rep Phone number (if applicable)

____
Authorized Rep Email address or Phone number (if applicable)

Requested Amount:

$______________________

Request Money For:

_____ To Pay a Bill

_____ Personal Spending Money

______ Specific Purchase (Pease Specify) ______________________

Who should the check be made out to?

Name: ______________________

Address :______________________

Account # / Invoice # / Bill #:______________________

Where is the check to be mailed if different from the above address? For instance, the check can be made out to a client but sent to an authorized rep's address.

Name: ______________________

Address:______________________

It is the responsibility of the client and/or authorized rep they are working with to submit receipts for all purchases to Help Me Budget Inc.

____
Client Signature

____
Guardian or Authorized Representative Signature (If Applicable)

Please return to: Help Me Budget Inc. 689 Main Street Walpole, MA 02081 or fax to: (888) 877- 4420