PAYEE SERVICES INC

4230 Central Ave
Riverside CA, 92506
(951) 334-0557
(951)286-7982

Representative Payee/Payor Contract

I _____ have discussed my needs with a representative from P&K Payee Service Inc and I agree that P&K Payee Service Inc should serve as my representative payee for my Social Security Benefits and all financial needs. I understand there is a monthly fee for service set annually by the Social Security Administration (SSA) which consists of 10% of my monthly check but no more than $45.00, as of January 2022.

I will:

- Behave in a proper manner when I conduct business with P&K.
- Treat staff with courtesy and respect.
- Receive my spending funds from the facility where I reside, via paper check or via a prepaid debit card.
- Allow P&K Payee Service Inc to deposit ANY checks payable to me to be deposited into a trust account on my behalf and allow them to utilize these funds for my best interest.
- Receive financial statements, in a timely fashion, upon request from P&K Payee Service.
- Comply with these rules and if I fail to do so, P&K Payee Service Inc may request SSA to remove themselves as my representative payee.

P&K Payee Service Inc, will:

- Provide the best service they can.
- Be available **Monday** through **Friday** from 9-5 p.m. by phone or by **appointment only.**
- Use my benefits, on my behalf, to first meet my essential needs including housing, food, clothing, medical care and lastly comfort items.
- Report to SSA any events that may affect my eligibility for payments or payment amount.
- Report to SSA on how your money has been spent and or saved while also completing all required reports.
- Save any unspent funds, if any, for future needs.
- Return to SSA any funds saved (in the event of a change in payee) or any funds that were sent for your benefit but to which you are *not* entitled to.

By signing you acknowledge the following and will abide as best you can.

Beneficiary Signature _____ Date_____

Organization Signature_____ Date_____