



Protect Your Family

PEACE OF MIND YOU CAN TRUST

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BILL DISTRIBUTION FORM

Please attach a copy of each bill, invoice or payment request listed. All bills must be for the client and in the client's name. Payments will only go out only if funds are available.

Client Name: _____

PYF Account Number: _____

Phone number: _____

Email Address: _____

| BILL: | ACCOUNT #: | AMOUNT: |
|-------|------------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| 3. | _____ | \$ _____ |
| 4. | _____ | \$ _____ |
| 5. | _____ | \$ _____ |
| 6. | _____ | \$ _____ |
| 7. | _____ | \$ _____ |
| 8. | _____ | \$ _____ |

Total Amount Requested: \$ _____

By signing this form, I authorize and agree to have *PYF Trust* pay the amount indicated on the *bill*. If an amount is different, I have noted that *on the bill* for PYF. PYF will mail payment to vendor address listed *on the bill*. If there is any other information needed I have noted that *on the bill* for PYF. This form matches the information provided for on the bill.

Signature of Client/Authorized Representative: _____

Date: _____