



# 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. This is for a one-time payment. 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:	FULL 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: \_\_\_\_\_