



**THE CORPORATION OF  
GUARDIANSHIP**

**REPRESENTATIVE PAYEE AUTHORIZATION FORM**

Client Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*With my signature below, I \_\_\_\_\_ hereby authorize the Corporation of Guardianship to file an application with the Social Security Administration to become Representative Payee for any SSA/SSI benefits I may be eligible to receive. I understand that these benefits will be administered by the Corporation of Guardianship. I authorize the Corporation of Guardianship to disclose and receive information about me for use in managing my benefits and payment of my bills. The Corporation of Guardianship has my consent to speak with any vendors/creditors necessary when acting on my behalf to pay my bills, make payment arrangements, or add/change/terminate my services. This authorization will remain in effect for the duration of the time for which the Corporation of Guardianship is my Representative Payee.*

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date of Signature**