

Cache Integrity Services  
777 N Crusey St, STE B110, Wasilla AK 99654  
A 501(c)3 Non-Profit

**VOLUNTARY REPRESENTATIVE PAYEE AGREEMENT**

Voluntary Consent/Authorization & Request for Change of Payee Application

**Client Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**AUTHORIZATION**

I, \_\_\_\_\_ hereby give Cache Integrity Services my authorization to be my voluntary payee. I understand this means that they will receive any other funds outside of SSI/SSA/etc. funds that I am eligible for. I understand that they will administer my benefits for me.

**MY NEED FOR A PAYEE AND MY SELECTION FOR MY PAYEE**

The Social Security Administration has determined that I need assistance in managing my benefits. This means that my benefits will be sent to a representative payee who is responsible for managing my benefits in my best interest. I choose to have Cache Integrity Services serve also as my voluntary representative payee.

**CONSENT TO CACHE INTEGRITY SERVICES PROGRAM REQUIREMENTS**

- A. I am aware that this is a voluntary program for a fee of \$42.00/mo.
- B. I understand that as part of this program, I will work with Cache Integrity Services Representative Payee contact to determine how my money will be spent.
- C. Upon termination of my participation in the Voluntary Representative Payee Program, I understand any balance in my account with Cache Integrity Services will be returned to me.

Signed,

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Legal Representative (Guardian, Conservator, etc.) Date