



The Ability Center

715 E. Idaho Ave. Ste 3E
Las Cruces, NM 88001-4702
Ph: 575-526-5016 Fx: 575-526-1202
www.theabilitycenter.org

PAYEE REQUEST FORM

REQUEST # _____

Time Requested: _____

Phone _____

In Person:

By Phone:

Mailed:

REQUESTOR

Person taking call _____

Date taken _____

Consumer name: _____

Check made Payable: _____

Today's Date: _____

Amount Requested: _____

Purpose: _____

Date Needed _____

Pickup

Mail

Address _____
MAILING/STREET #

Note:

CITY, STATE, ZIP CODE

OTHER REQUEST TYPE

DESCRIPTION

Certification: Requests not delineated in the Consumers' Budget and over \$100 requires authorization signature from Payee below. Additionally, by signing the Consumer affirms funds will be used for the requested purpose:

Signature: _____

Date: _____

No Extra Checks will be disbursed the first week of the month except only the check that was originally set up will be delivered. I understand that there is a 24-hour advance notice before 1:00 p.m. After 1:00 p.m., it will be 48 hours for this request and there must be enough funds in my account to cover the amount of the request. Should there not be enough funds, the request may be approved for a lesser amount or be denied.

Request: Approved

Denied

Different Amount Approved If Any: _____

Reason Denied or Different Amount: _____

Payee Advocate Initials

Date

NO EXTRA CHECKS WILL BE DISBURSED THE FIRST WEEK OF THE MONTH EXCEPT ONLY THE CHECK THAT WAS ORIGINALLY SET UP WILL BE DELIVERED.