

Bill Payment Request

I **request** and authorize Benefits Management Corporation to make payments to the vendor listed below.

(vendor name and address)

I understand the following:

- Invoices from the vendor listed above must be mailed directly to BMC at one of the post office boxes shown below.
 - Invoices not received directly at one of the post office boxes below will be returned, if submitted.
 - It is my responsibility to ensure invoices are mailed in a timely manner so that they can be paid on-time.
- BMC/LIFE does not have authority to contact the vendor listed above on my behalf.
 - It is my responsibility to ensure BMC has current account information in order to make payments to the vendor listed above.
- Invoices from the vendor listed above will be paid AFTER my regular expenses, such as shelter, utilities, food, and clothing are paid.
- Invoices from the vendor listed above will be paid only if there are sufficient funds in my account to pay the bill in full.
 - It is my responsibility to monitor usage of services such as cable television, cellular telephones, etc. so that funds are available to pay the invoice in full.
- BMC is not responsible for late payment fees or disconnection of services due to late or non-payment.
- BMC/LIFE does not pay credit card companies, collection agencies, nor overdraft fees.
- I must submit a separate Bill Payment Request Form for each vendor I desire BMC/LIFE to pay on my behalf.

Client Signature: _____

Date: _____

Mail, Fax or Email to:

Mail: PO Box 2290 Rancho Cordova, CA 95741

Fax: (866)606-3248

Email: support@bmcpayee.com