



The Arc of New Mexico
 For people with intellectual and developmental disabilities
 Email form to:
arcrp@arcnm.org

REPRESENTATIVE PAYEE REQUEST FORM

Please fill out this form completely to ensure timely disbursements. Thank you.

Client's Name: _____
 Amount requested: _____
 Date needed: _____
 Date requested: _____

<p><u>For Rep Payee Only:</u> Approved by: _____ Date: _____</p>

Make Check Payable to

Name: _____
 Address: _____
 City _____ State _____ Zip: _____

Choose One: Mail a Check: ____ Hold check for pickup: ____ Apply to TL Card: ____

Purpose/Description/Use for disbursement (Receipts are required and/or attach documentation for request): _____

*Requested by:
 (Print name) _____

Signature: _____

Please note that it may take up to 10 business days (holidays and weekends are not included) to process your request. Vacation trips require 30 days' notice. To avoid delays in processing, please include all backup with request. Email form to arcrp@arcnm.org

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