

# Seneca Nation Disability Services

## Disability Check Release Form

**A CHECK WILL NOT BE RELEASED IF YOU ARE NOT THE AUTHORIZED PAYEE AND/OR YOU DO NOT HAVE WRITTEN PERMISSION FROM THE PERSON THE CHECK IS ISSUED TO OR IN CARE OF. PROPER IDENTIFICATION MAY ALSO BE REQUIRED. NO EXCEPTIONS!**

For the month of: \_\_\_\_\_

Name on check(s): \_\_\_\_\_

\_\_\_\_\_

In care of: \_\_\_\_\_

Check released to: \_\_\_\_\_

(Please Print)

PLEASE CHECK ONE OF THE FOLLOWING:

\_\_\_\_\_ I am the person the check is issued to

\_\_\_\_\_ I am the assigned payee or representative

\_\_\_\_\_ I have been given permission by the above-named person(s) and agree to take responsibility of this check while in my possession and deliver it to the person it is issued to or in care of. Written permission is attached.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Released by: \_\_\_\_\_ Date \_\_\_\_\_