

IBAP Payment Request Form

STEP 1: Client Information

Client Name:			
Address:			
Phone:		E-mail:	

STEP 2: Type of Request(s)

☐ One-Time Payment:

Note: If requesting a one-time expense only, do not complete or check off the Monthly Expenses section below.

Name of Payee	Payee Account (Required)	Payment Date	Purpose	Amount	Comments
		2 Business Days			
Payee Address (Required)		Payment Issued by:			
		Direct Deposit Cheque (mail) RUSH Cheque (pick up)			

☐ Recurring Payment (Note: Recurring expenses are paid via EFT/Direct Deposit.

Name of Payee	Payee Account (Required)	Purpose	Payment Frequency	Amount	Monthly Amount
Payee Address (Required)					

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Payee Address (Required)					

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Name of Payee	Payee Account (Required)	Purpose	Payment Frequency	Amount	Monthly Amount
Payee Address (Required)					

Total Monthly Expenses \$ _____

STEP 3: Primary Contact Person

Name:			
Phone:		E-mail:	
Relationship to Client:			

STEP 4: Benefits Administration Authorization

By signing below, the client and primary contact authorize the Public Trustee to administer benefits as outlined in this form.

Client Signature

Date

Primary Contact Signature

Date

STEP 5: Submit Form

Once complete with signatures, submit this form to: opgt-informal-trusteeship@gov.ab.ca.

Have Questions?

OPGT Informal Benefits Administration Program (IBAP)

Phone: 780 427-2744

Email: opgt-informal-trusteeship@gov.ab.ca

Privacy Statement

The personal information collected on this form is used solely to assist a person with administering a monthly Assured Income for the Severely Handicapped (AISH) cheque. This collection is authorized under Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and Section 44 of the *Public Trustee Act*.

If you have questions about the collection of personal information, please contact:

Office of the Public Guardian and Trustee

400, John E Brownlee Building, 10365 97 Street

Edmonton, Alberta T5J 3Z8

Telephone: 780-427-2744