

**Apple Payee Administrative Offices – PO Box 9339, Spokane, WA 99209
(T) 509-241-8125 – (F) 208-471-8950 – (E) sb@applepayee.onmicrosoft.com**

**CONSENT TO RELEASE INFORMATION
TO: Apple Payee Services**

I hereby give my consent to Apple Payee to obtain and/or exchange information for the purpose of either planning for my well-being and/or assuring my continuing eligibility for Social Security benefits.

I also hereby give my consent to Apple Payee to obtain and/or exchange information regarding the item(s) below for the purpose of planning for my well-being.

Social Security Number	Medicare/aid	Current Monthly SSA/SSI
Bank Account	Burial Trust	Creditors
Wages/Employment Record	Social History	Utility Bills
Address/Living Arrangement	Medical Records	Other (explain below)

I understand that I may cancel this authorization at any time by notifying the above named individual or entity in writing of my decision. However, my cancellation will not apply to information that the individual or entity Apple Payee already shared before they received my written cancellation. This authorization will remain in effect until (1) I give written notice to the abovenamed individual or entity that I am canceling my authorization, or (2) my file with Apple Payee is closed. A photocopy of this authorization has the same power as the original.

Signature of Claimant or Legal Guardian

Date

Apple Payee Staff Member