

MASSACHUSETTS MONEY MANAGEMENT PROGRAM
BILL PAYER CLIENT SERVICE AGREEMENT

I ask that the sponsoring agency, _____,
assign a trained volunteer Bill Payer to assist me with my financial responsibilities. I would like
my Bill Payer volunteer to assist me in the following ways:

- Help sort my mail and organize my bills for payment
- Help me set up a budget or a list of monthly income and expenses
- Write checks from a designated account for my signature
- Balance my checkbook
- Other tasks, such as

As a participant in the Money Management Program (MMP) I understand that ALL financial decisions about the handling of my money will be made by me. I will sign my own checks and maintain full control of my bank accounts and other assets.

Bill Payer/Client Responsibilities and Accounts:

I understand that as a client of the MMP, I am required to have a checking account when I enroll in the program, and that I must use this account as my primary method to pay my bills.

I understand that all regularly scheduled monthly deposits, such as Social Security, pension, or other applicable benefits must be directly deposited into my checking account.

I understand, as does the volunteer Bill Payer, that no more than \$3,500 may be kept in the designated checking account and that the volunteer Bill Payer will assist me with paying bills only from this designated account. I designate bank account # _____
at _____ as the
designated account for MMP bill paying services.

I understand that the Bill Payer volunteer is prohibited from handling any other bank accounts, investments, or other money belonging to me. I further understand that the MMP does not allow my Bill Payer volunteer to serve in any other fiduciary capacity including, but is not limited to, Power of Attorney, a Trustee for my property, or Conservator or Guardian.

I understand that in order to balance my checkbook the Bill Payer will need to look at my monthly bank statements (either printed or online), my canceled checks, and my check register.

I agree to make these items available. If my Bill Payer volunteer is given online access to my designated checking account in order to balance the account, it will be for READ ONLY purposes. The Bill Payer volunteer will not be able to make any online transactions.

I understand that neither the paid staff nor volunteers in the MMP are responsible for any problems or concerns related to my money or financial situation that I have chosen not to disclose to them. If I need to write a check during the month, I will make sure to record the transaction and have the money in my account. If I do overdraw the account, I understand that any penalties will be my responsibility.

I understand that the Money Management Program does not allow my volunteer to use my ATM or debit card, and I agree that I will not give my volunteer bill payer access to these cards. If I utilize online banking with bill payment I will not disclose my User ID and/or Password to my Bill Payer volunteer.

Auditing Accounts:

I understand that the staff and MMP volunteers will also need to periodically review my bank statements, canceled checks and check register for audit purposes. This audit review is for both my protection and that of the Bill Payer volunteer. I agree to provide these documents when requested. I also agree to allow the MMP paid staff READ ONLY access and the ability to print my online bank statement for AUDITING PURPOSES ONLY. These documents will be treated as private and confidential records, and only those people who need to review these records will be allowed access to them.

Terms of the Agreement:

I understand that a new Bill Payer Client Services Agreement will be prepared whenever there are significant changes: for example, if there are changes in the services provided, or if I change to a different bank or Bill Payer volunteer.

(Print) Name of Client: _____

Client's Signature: _____ Date: _____

I, the volunteer Bill Payer agree to work with the above MMP client named above, in the ways s/he has indicated.

(Print) Name of Bill Payer: _____

Bill Payer's Signature: _____ Date: _____