

**VENDOR PAYMENT REQUEST**

Case Name	Case Number
Wisconsin Works (W-2) Agency	Worker ID

H E A T	<input type="checkbox"/> I wish to enroll	Company Name			Account Number
	<input type="checkbox"/> I do not wish to enroll	Street Address			Unpaid Heat Arrearage \$
	<input type="checkbox"/> I wish to cancel my request	City	State	Zip Code	

E L E C T R I C	<input type="checkbox"/> I wish to enroll	Company Name			Account Number
	<input type="checkbox"/> I do not wish to enroll	Street Address			Unpaid Electric Arrearage \$
	<input type="checkbox"/> I wish to cancel my request	City	State	Zip Code	

S H E L T E R	<input type="checkbox"/> I wish to enroll	Company/Landlord Name			Account Number
	<input type="checkbox"/> I do not wish to enroll	Street Address			Unpaid Shelter Arrearage \$
	<input type="checkbox"/> I wish to cancel my request	City	State	Zip Code	Monthly Payment Amount \$

**If an unpaid heat and/or electric arrearage amount is determined, I understand and agree to pay the following:**

A R R E A R A G E	<b>Service</b>	<b>Agency completion</b>	<b>Payment method</b>
	Heat arrearage	Maximum I would have to pay = \$ at \$ _____ per month until paid	<input type="checkbox"/> I request vendor arrearage payments <input type="checkbox"/> I wish to pay the heat arrearage myself
	Electric arrearage	Maximum I would have to pay = \$ at \$ _____ per month until paid	<input type="checkbox"/> I request vendor arrearage payments <input type="checkbox"/> I wish to pay the electric arrearage myself
	<input type="checkbox"/> I understand that any vendor payments are in addition to the regular heat and/or electric payment amounts which may be vendored from my W-2 payment. <input type="checkbox"/> I do NOT wish to enroll in <b>heat</b> arrearage vendoring. <input type="checkbox"/> I do NOT wish to enroll in <b>electric</b> arrearage vendoring.		

I understand that if I choose to enroll in vendoring, the agency will deduct the heating fuel, utility (electric) payment amount and/or shelter allowance from my W-2 payment each month. I understand that the agency is not responsible for any overdue payments and that I must notify my worker in writing if I want vendor payments to stop.

I authorize the W-2 agency named to pay directly to the company/landlord named above the amount authorized from the net amount of my monthly W-2 payment. If the amount is insufficient to cover the payment, I understand that I am responsible for any balance. I certify that I have read this authorization and agree to its provisions.

**Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].**

Participant Signature			Date Signed
Participant Street Address	City	State	Zip Code
Agency Director or Director's Designee Signature			Date Signed

**RETAIN COMPLETED FORM IN CASE RECORD**