



80 W. Grand St.
Elizabeth, NJ 07202
T: 908.354.3040 F: 908.354.2665

REQUEST FOR WAIVER OF PAYEESHIP

I, _____, the legal guardian, representative payee of
_____, residing at _____
_____, NJ _____ do not object for **Community Access Unlimited** to become
his/her representative payee.

Should you have any questions regarding this change, please contact me at: _____

Signature/ Title: 	Date: <i>MM/DD/YYYY</i>
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For Social Security Administration
855 Lehigh Avenue
Union, NJ 07083