

MABM Senior Services

Authorized Representative Form

Client Name: _____

Date: _____

I give permission for **MABM Senior Services** to help me with everyday paperwork and personal business.

They may help me:

- Talk with utility companies.
- Talk with credit card companies, lenders, and collection agencies.
- Help set up payment arrangements.
- Help pay my bills using **my money only**.
- Help organize, mail, fax, email, print, copy, and scan documents.
- Help complete applications and forms using information I provide.
- Schedule appointments.
- Arrange grocery or prescription pickup.
- Arrange laundry or dry-cleaning services.
- Arrange housekeeping or junk removal services.
- Help with computers, phones, tablets, printers, Wi-Fi, passwords, and email.
- Contact businesses or government offices to help solve customer service or billing issues.

This permission does not allow MABM Senior Services to:

- Make medical decisions for me.
- Talk to doctors about my treatment unless I sign a separate medical release.
- Open or close my bank accounts.
- Borrow money in my name.
- Buy or sell my home, vehicle, or other property.
- Invest my money.
- Change my will, trust, or beneficiaries.
- Sign contracts that create new debt without my approval.

I understand I can cancel this permission at any time by notifying MABM Senior Services in writing.

Client Signature: _____

Date: _____

MABM Representative: _____

Date: _____