



## Engagement Letter

Thank you for choosing GATEWAY BILL PAY to assist with paying the expenses for your loved one.

We will discuss with you the current bill paying process, and financial goals, for your loved one and decide how we can work together to move that process to GATEWAY BILL PAY.

After you decide how funds will be allocated, we will develop a plan to pay the monthly expenses. Access to funds and invoices will be determined by the responsible person. We can and re-route billing to our mailing address. This will eliminate the requirement for the responsible party to collect and forward billing documents. It will also allow for timely payments.

There are a few options for this process and we can discuss and determine what works best for your situation.

Bills submitted should be verified prior to submission. If we can determine inaccuracies by comparing previous payments or identify any conflicts, you will be notified prior to payment to help prevent over-payments.

We will keep records of debits and credits to satisfy any inquiries. Regular reports of incoming and outgoing funds will be sent to the responsible party. Original records can be returned if desired or be filed electronically and be available upon request.

Our fees are based on the number of transactions per month, plus any out of pocket expenses. Fees will be deducted from the payment account every 30 days. Our agreement can be canceled in its entirety with 30 days notice. (Bills set to mail to GATEWAY BILL PAY will be redirected to a new billing address)

Thank you for the opportunity to be of service to you and your family. If you have questions please call 918-796-0435.

Signature \_\_\_\_\_

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