

**OFFICE OF THE CHILD'S REPRESENTATIVE**  
**ON-LINE BILL PAYMENT AGREEMENT**

---

**Name:**

**Firm:**

**E-mail Address:**

**Phone Number:**

**EIN/TIN Number:**

By completing this form, the undersigned is requesting access to the Office of the Child's Representative web billing system (OCRWEB) at <https://www.ocrbillpay.org>. All users will be assigned a Username and Password by the System Administrator that they will keep confidential.

---

**Signature**

---

**Date**