

## Authorization Agreement for Electronic Funds Transfer

**Instructions:** Send or fax this completed and executed form to the CRMC, along with a voided check on the account listed below. The CRMC will then contact your firm to confirm the account information.

Lawyer or Law Firm Name: \_\_\_\_\_

The Lawyer or Law Firm named above (hereinafter the "Customer"), which files asbestos personal injury claims with the Claims Resolution Management Corporation ("CRMC"), hereby authorizes the CRMC to deposit claim settlement payments to the account listed below. If monies to which the Customer is not entitled are erroneously deposited to that account, the Customer warrants that it will promptly inform the CRMC of the mistake and will direct its financial institution to return such funds to the CRMC. The Customer further authorizes the financial institution to credit and/or debit such transactions to its account. This authority will remain in effect until the Customer has cancelled it in writing.

The CRMC is entitled to rely on the below bank account information provided by an agent, employee, partner or principal of the Customer and, except if the CRMC has acted with gross negligence, will not be held liable for such reliance. The Customer will indemnify and hold harmless the CRMC from any and all liability, damages, costs and expenses (including reasonable attorneys' fees) arising out of or relating to any fraud or mistake made because of payment information submitted by the Customer or by any person under the Customer's employment or control.

Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account Number: \_\_\_\_\_

The undersigned person represents and warrants that he or she is authorized to sign this agreement and has full power and authority to bind the Customer to its terms.

Name (*print*): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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*CRMC Use Only Below This Line*

Account information confirmed \_\_\_\_\_ By \_\_\_\_\_

Date \_\_\_\_\_ CA \_\_\_\_\_