



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. If a voided check is not attached no action will take place until received.

Lawyer or Law Firm Name: _____

The Lawyer or Law Firm named above 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 on the attached voided check. If monies to which the Law Firm is not entitled are erroneously deposited to that account, the Law Firm 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 Law Firm further authorizes the financial institution to credit and/or debit such transactions to its account. This authority will remain in effect until the Law Firm 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 Law Firm and, except if the CRMC has acted with gross negligence, will not be held liable for such reliance.

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 Law Firm to its terms.

Name (*print*): _____

Signed: _____ Date: _____

CRMC Use Only Below This Line

Account information confirmed _____ By _____

Date _____ CA _____

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