



In order to pay your VCF claim if compensation is awarded, the VCF needs information about where to deposit the payment. You have been asked by your attorney to complete this form in order to authorize the VCF to deposit any payments on your claim directly into a bank account maintained by the law firm. The law firm is then responsible for disbursing your VCF payment to you **within 30 days** of the VCF confirming the payment has been deposited into the law firm's account. If you have an agreement with your attorney that payment on your claim will be deposited into your personal bank account, you should not complete this form, but should instead complete the ACH Payment Information Form found on the VCF website.

### **IMPORTANT INFORMATION!**

- The information you provide on this form must match the information contained in the "Claimant Details" section of your online claim. For example, if the victim's first name is recorded as 'Joseph' in the online claim system, you must write 'Joseph' on this form. If the information in your online claim is not correct, do not complete this form until your attorney has made the appropriate updates in the online claims system.
- Once your attorney submits the signed form to the VCF, if you decide at any point in the future that you want to change the payment instructions on your claim, you should follow the instructions in [Section 3.5](#) of the VCF "Policies and Procedures" document found on the VCF website. You should be aware that, regardless of how you receive payment from the VCF, you are liable for any agreement related to attorney fees as specified in your contract with your attorney.
- If the victim filed a personal injury claim and has since passed away, and you have registered a deceased claim on the victim's behalf, please carefully review the [instructions](#) on our website about steps to take when a claimant dies after filing a personal injury claim. You should review those instructions before completing this form.

### **Instructions for Claimants:**

**Section I: Victim Information:** The term "Victim" refers to the individual who has been diagnosed with a September 11th-related physical injury or illness. If you are filing your own Personal Injury claim, you are the victim. If you are filing a claim on behalf of a deceased victim, you should enter the decedent's information in this section of the form. Be sure to confirm that the information you enter on this form matches exactly to the information in the "Claimant Details" section of your online claim.

**Section II: Personal Representative Information:** This section applies only to claims filed on behalf of a deceased victim. If you are filing a claim on the victim's behalf, you must enter your information in this section of the form exactly as it appears in your online claim.

**Section III: Authorization and Penalty of Perjury Statement:** You must complete the fields in this section, review the language, and sign and date the form. **The form must be signed and dated and signatures must be original.** Electronic signatures will not be accepted.

Once you have completed Sections I, II, and III, return the form to your attorney. If you have any questions about this form or payments on your claim, please consult with your attorney or call the VCF toll-free Helpline at 1-855-885-1555.

### **Instructions for Law Firms:**

**Section IV: Law Firm Attestation:** An authorized representative of your firm is required to complete this section. **The form must be signed and dated and signatures must be original.** Electronic signatures will not be accepted.

**Submitting the form to the VCF:** You may upload a copy of the completed form to the online claim. You are not required to mail an original as long as the form is properly completed and the law firm maintains the original signed document as required by the VCF.

