



INSTRUCTIONS FOR VCF PAYMENTS MADE TO LAW FIRM ACCOUNTS

Pay careful attention to these instructions. Forms and authorizations that are incomplete, incorrect, or cannot be read will not be processed and payment will be delayed.

If your law firm has an agreement with the claimants you represent that VCF payments will be made directly to a law firm designated bank account to be distributed to the clients of the firm, the VCF requires two documents in order to issue payment:

1. **VCF ACH Payment Information Form**: You will need to complete this form for each unique bank account to which Fund payments will be made. You only need to complete this form one time for each account, regardless of the number of claimants you represent whose claims will be paid to the account. When completing this form, note the following instructions:
 - **Field A – Name of Payee**: Enter the name of the account owner on the bank account to which payments will be made.
 - **Field B – Name of Person(s) Entitled to Payment**: Leave this field blank.
 - **Field C – Payee’s Tax Identification Number**: Leave this field blank.
 - **Field D – Type of Depositor Account**: You must identify the account as either a checking or savings account. If the account is an escrow account and you are not certain whether it is a checking or savings account, please consult with your financial institution.
 - **Field F – VCF Claim Number**: Leave this field blank.

If you intend to have payments made to more than one firm account, you will need to provide written instructions to the VCF outlining the specific account to which the payment for each claim should be paid. You may provide this information in a letter for each claim or as a list of claim numbers and claimant names matched to the specific bank account. **DO NOT upload the “VCF ACH Payment Information Form” to any of your online claims.** You must mail the completed ACH form(s) to the Fund.

2. **VCF Client Authorization Form**: In addition to the VCF ACH Form, you will also need to submit a properly completed VCF Client Authorization Form for each claim. The form includes detailed instructions, which are also included for reference on page 2 of this document. **You must carefully follow the instructions in order for the VCF to accept the completed form, including attesting to the accuracy of the information on the form, and maintaining an original copy of the form with the client’s original signature.** **NOTE:** If the victim filed a personal injury claim and has since passed away, and a deceased claim has been registered on the victim’s behalf, 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 the Client Authorization form.

Each payment made to a law firm bank account includes the claimant name and claim number as part of the transaction record. You may need to ask your bank to provide this information to you if it is not easily visible as part of the transaction detail. Payments for multiple claimants will not be grouped into a single transaction, although you may receive more than one deposit on the same day. Your financial institution should provide the details to you for each deposit made to the account.



Instructions for completing the [VCF Client Authorization Form](#)

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.