



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.



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This authorization and the information it contains is specific to payments from the September 11th Victim Compensation Fund for the claim listed below.

Section I: Victim Information (required for all claims)

VCF Claim Number (7 digits): VCF [] [] [] [] [] [] [] (Input the 7 numbers after VCF)

Victim's Full Legal Name (as shown in online claim):

[]

Victim's First Name

[]

Victim's Middle Name

[]

Victim's Last Name

Victims's Social Security Number/National ID Number: []

Section II: Personal Representative Information (required only if victim is deceased)

Personal Representative's Full Legal Name (as shown in online claim):

[]

Personal Representative's First Name

[]

Personal Representative's Middle Name

[]

Personal Representative's Last Name

Personal Representative's Social Security Number/National ID Number: []

Section III: Authorization and Penalty of Perjury Statement

I hereby authorize the September 11th Victim Compensation Fund to issue all payments for my claim to the attorney trust/escrow account maintained by: []

Print Law Firm Name

I, _____, declare (or certify, verify, or state) under

Print Victim's/Personal Representative's Full Legal Name

penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on: []

Date Authorization is Signed

Victim's/Personal Representative's Original Signature

The VCF does not accept electronic signatures. You must sign this form and provide the original to your attorney.

Section IV: Law Firm Attestation

I, _____, attest to the following:

Print Full Name of Authorized Law Firm Representative

- I am in receipt of the original version of this form, including an original victim signature or an original Personal Representative signature, as applicable.
- I understand that I must retain the original fully executed version of the form in the event the VCF requests to see it at any time, including after payment has been disbursed.
- I have reviewed and confirmed the accuracy of all information contained in this form and have confirmed that it matches to the information reflected in the online claim system for this claim.

Executed on: []

Date Authorization is Signed

Authorized Law Firm Representative's Signature