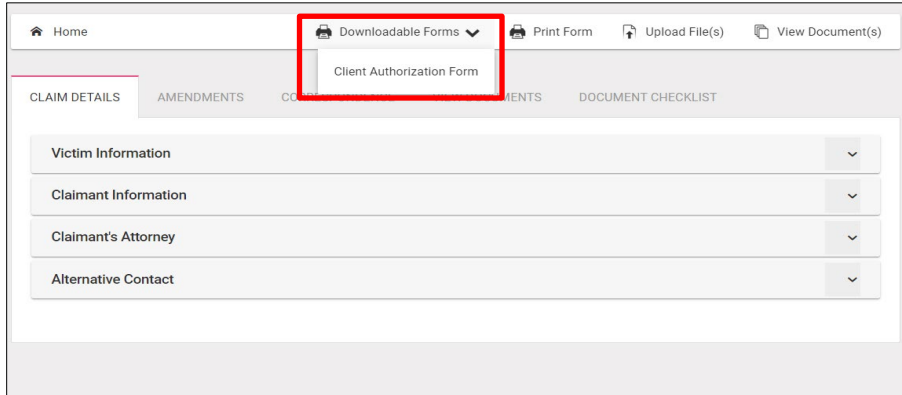





A pre-populated Client Authorization Form can now be generated from the claims system. This feature is available once Registration has been submitted for a claim.

To generate the form, click on “Downloadable Forms” on the claim summary page. Select “Client Authorization Form” from the dropdown menu.



Claim details for the Victim, Personal Representative (if applicable), and law firm name are automatically populated as the PDF form is generated. All fields in the form are still editable.

 **Client Authorization Form for Payments made to Law Firm Accounts**

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. You should review the instructions before completing the form.

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 0 0 0 0 0 0 0 (Input the 7 numbers after VCF)

Victim's Full Legal Name (as shown in online claim):
 Test First Name Test Middle Name Test Last Name
Victim's First Name Victim's Middle Name Victim's Last Name

Victim's Social Security Number/National ID Number: 999999999

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

Personal Representative's Full Legal Name (as shown in online claim):
 Personal Rep First Name Personal Rep Middle Name Personal Rep Last Name
Personal Representative's First Name Personal Representative's Middle Name Personal Representative's Last Name

Personal Representative's Social Security Number/National ID Number: 000000000

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: Test Law Firm
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

Released: August 2021 www.vcf.gov / VCF Helpline 1-855-885-1555



Important reminders when using the system-generated Client Authorization Form:

- The form can be generated, completed, printed, signed, and uploaded to the claim similar to what is done today. We strongly encourage you to use the system-generated form for all new Client Authorizations.
- When using the system-generated form, **the same instructions and rules apply** regarding law firm verification of the accuracy of the data, the requirement for a wet signature, and the need for the firm to maintain a copy of the original document. Instructions for completing the form are included with each form you generate from the system.
- As with the current form, if you identify any information in the claims system that needs to be corrected, those changes should be made **before** generating and completing the Client Authorization. If you generate the form and identify an error, you should destroy the incorrect version of the form, update the data in the system, and then generate a new form.
- If a claimant changes law firms over the course of a claim, the new law firm will be able to generate a new Client Authorization for the claim. There is no limit to the number of versions that can be generated. **Please exercise caution in the generation, saving, and handling of these forms, and follow all guidelines in the VCF Online System Acceptable Use Policy for storage and protection of sensitive information.**