

## Tehum Care Services, Inc. ACH Agreement

### AUTHORIZATION AGREEMENT

I (we) hereby authorize Tehum Care Services, Inc. Personal Injury Trust to initiate entries to my (our) account at the FINANCIAL INSTITUTION named below and, if necessary, initiate adjustments for any transaction credited in error. Further, I (we) agree not to hold the Trust responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me (us) or my (our) FINANCIAL INSTITUTION or due to an error on the part of the FINANCIAL INSTITUTION depositing funds into my (our) account. This agreement will remain in effect until Tehum Care Services, Inc. Personal Injury Trust receives notice from me (us) to cancel or I (we) submit a new ACH agreement replacing this one and afford Tehum Care Services, Inc. Personal Injury Trust and my (our) FINANCIAL INSTITUTION a reasonable opportunity to act on it.

### ACCOUNT INFORMATION

Name of Financial Institution: \_\_\_\_\_

ACH ABA Routing Number: 

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Account Number: \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings

(The ABA Routing Number, usually the 9-digit number located in the middle of the MICR encoding line written across the bottom of your check, is unique to each bank and sometimes unique to each bank's separate regional offices. It is recommended that you contact your bank to verify the correct ACH Routing Number and Account Number to use for your firm's bank.)

**Cancelled/voided check (or bank letter from the financial institution) must accompany request or will not be processed.**

Submit completed form to: Tehum Care Services Settlement  
PO Box 89  
Wilmington DE 19899

Email: [support@tehumcareservicessettlement.com](mailto:support@tehumcareservicessettlement.com)

### SIGNATURE

Law Firm or Claimant Name (if unrepresented): \_\_\_\_\_

Taxpayer ID# (law firm) or SSN (if unrepresented) 

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Address: \_\_\_\_\_

Authorized Approver must be ☐ **Law Firm Partner**, ☐ **Claimant**, or ☐ **Personal Representative** (check one)

Authorized Approver Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_