[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Attorney Name or Law Firm Name]
[Law Firm Address]
[City, State, Zip Code]

RE: Authorization for Disbursement of Settlement Funds
Case Name: [Case Name/Reference]
Case Number: [Case Number]

To [Attorney Name/Firm Name],

I, [Your Full Name], hereby authorize [Law Firm Name] to disburse the settlement funds received in connection with the above-referenced matter. I have reviewed the final settlement statement and agree to the distribution of funds as follows:

Total Settlement Amount: $[Total Amount]

Deductions:
- Attorney's Fees: $[Amount]
- Legal Costs/Expenses: $[Amount]
- Medical Liens/Outstanding Bills: $[Amount]
- Other Deductions: $[Amount]

Net Amount to Client: $[Final Amount to be Paid to You]

Please issue the payment of my net share via the following method:

[ ] **Check:** Please mail the check to the address listed above.
[ ] **Wire Transfer:** (I have attached the necessary banking information).
[ ] **Pickup:** I will collect the check from your office personally.

By signing this letter, I acknowledge that this distribution constitutes a full and final disbursement of the settlement proceeds currently held in trust for this specific case.

Sincerely,

_____
[Your Signature]

[Your Printed Name]