DATE: [Date]

TO: [Name of Financial Institution/Trustee]
ATTN: [Department or Contact Person]
RE: Trust Account Number: [Account Number]
MATTER: Settlement Distribution for [Client Name]

To Whom It May Concern,

Pursuant to the settlement agreement reached in the personal injury matter of [Case Name/Reference Number], I hereby authorize and instruct you to disburse the funds currently held in the above-referenced trust account as follows:

Total Amount to be Disbursed: $[Total Amount]

1. Medical Provider Liens/Subrogation:
Payee: [Name of Provider/Insurance Co]
Amount: $[Amount]
Payment Method: [Check/Wire]

2. Attorney Fees and Costs:
Payee: [Law Firm Name]
Amount: $[Amount]
Payment Method: [Check/Wire]

3. Client Net Recovery:
Payee: [Client Name]
Amount: $[Amount]
Payment Method: [Check/Wire]

Please issue these payments immediately. Should you require further documentation or have questions regarding these instructions, please contact my office at [Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Law Firm Name]

CLIENT CONSENT:
I, [Client Name], have reviewed the distribution schedule above and hereby authorize the disbursement of funds as instructed.

_____
[Client Signature]
Date: [Date]