

AUTHORIZATION TO WITHDRAW FUNDS

RE:

TO: THE WEISBERG LAW GROUP, PLLC
3000 Town Center, Suite 1820
Southfield, MI 48075
248-281-4247

I agree to the following terms regarding funds awarded to me by the Social Security Administration pursuant to my application for disability benefits and that are deposited into my account with the financial institution identified below. I authorize THE WEISBERG LAW GROUP, PLLC:

- To withdraw from the below referenced account an amount not to exceed the amount needed to satisfy my obligation to Ford, pursuant to the Reimbursement Agreement that I previously signed with Ford.
- I understand that the exact amount of the withdrawal will not be known until it is calculated by Ford or its agent UNICARE.
- I authorize THE WEISBERG LAW GROUP, PLLC to inquire with the financial institution listed below, either orally or in writing, to confirm that there are funds in said account.
- I further agree that only those withdrawals will be undertaken to completely satisfy my obligation to Ford Motor Company pursuant to the Reimbursement Agreement signed by me.
- I agree that the terms and conditions of this document shall be binding upon my executors, administrators or assigns.

Financial Institution: _____

Bank Routing Number: _____

Account Number: _____ Checking: Savings:

Signature: _____

_____ Date