



INJURYFUNDSNOW
Cash Advances for Injured Clients

Injury Funds Now, LLC
3801 Collins Ave., Suite 1404
Miami Beach, Florida 33140

(305) 538-2612 office
(305) 675-9202 fax
(866) 68-FUNDS (38637)

(Your Attorney's Name)

(Name of Law Firm)

VIA FACSIMILE: _____
(Fax Number of Law Firm)

RE: _____
(your name)

AUTHORIZATION FOR RELEASE OF INFORMATION

Dear _____,
(name of attorney)

I hereby authorize and direct you to release to a representative of Injury Funds Now, LLC, any portion of my file related to your representation of me for injuries sustained on or about _____.
(date of accident)

I acknowledge that I understand the benefits of non-recourse funding. I further acknowledge I understand the effects of disclosing the contents of my file.

Thank you in advance for your cooperation.

Sincerely,

(signature)

(print name)

DATE: _____, 2017