



# The Law Offices of Thomas W. Harrity, LLC

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**Thomas W. Harrity, esq.**  
Attorney at Law & CPCU  
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## LEGAL POWER OF ATTORNEY

This document hereby authorizes The Law Offices of Thomas W. Harrity, LLC and/or Thomas W. Harrity, Esquire, to endorse my name to any draft or check payable to my order drawn on the account of any property, liability, medical or health insurance carrier or other corporate entity for the sole purpose of depositing said funds into an attorney escrow account.

Attorney agrees to make available to client, upon written request, a photocopy of said document for client perusal.

It is further understood and agreed that this Power of Attorney shall grant The Law Offices of Thomas W. Harrity, LLC and/or Thomas W. Harrity, Esquire, express authority to make payments on my behalf from said escrow funds to medical care providers, lien holders including workers compensation carriers, the Department of Public Welfare and to reimburse me for any wage loss benefits.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
S.S. Number

\_\_\_\_\_  
Date of Birth