

C. AUTHORIZATION

1. I hereby authorize the Financial Institution(s) identified above to release all existing records and information in its possession regarding the above-named person's financial accounts to the Claims Administrator for the Deepwater Horizon Economic Claims Center, its agents, servants, employees, vendors, and independent auditors, in connection with the claim I have submitted in the Deepwater Horizon Economic and Property Damages Settlement Program under the Settlement Agreement dated April 18, 2012 (the "Program"). This information shall be used or disclosed solely in connection with the currently pending litigation or claim involving the person named above. This Authorization shall cease to be effective as of the date on which the above-named person's litigation or claim concludes.
2. I understand that this Authorization includes the above-named person's complete financial records for the specified periods. This listing is not meant to be exclusive.
3. Any photostatic copy of this document shall have the same authority as the original, and may be substituted in its place. Copies of these materials are to be provided at the expense of the party sending you this Authorization.
4. I understand that information disclosed pursuant to this Authorization may be subject to re-disclosure by the Claims Administrator to the Court presiding over the Program, Class Counsel, BP, any Appeals Judge and all other persons provided for under the terms of the Agreement to consider claims in the Program, and their respective attorneys, agents, employees, consultants, independent auditors, and experts (the "Receiving Parties"), and others deemed necessary by the Receiving Parties to assist in this litigation or claim.
5. I authorize the Claims Administrator to date this Authorization on my behalf when and if it determines that this Authorization is necessary for the processing of my Claim.
6. I understand that the Claims Administrator at its discretion will determine the time period(s) for which financial records are needed to process my Claim. I authorize the Claims Administrator to fill in the time period(s) for which financial records are necessary.

Date Signed	_____ (Month/Day/Year)	_____ Signature _____ Name (Printed or Typed)
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If you are signing this Authorization as a representative on behalf of the account holder identified at the top of this Form, describe your relationship to the account holder and your authority to act on his/her behalf:

You must attach proper documentation (e.g., power of attorney, letters of administration) authorizing you to act in this representative capacity.