Litigation SERVICES

**Order Date:** _____

**Due Date:** _____

**Billing Reference No.:** _____

# Depository Request Form

**Case Name:** _____

**Firm Name:** _____

**Contact:** _____

**Attorney:** _____

**Case Number:** _____

**Billing Information**

**Name:** _____

**Address:** _____

**City/State/Zip:** _____

**Special Instructions:** *(ie: File Number/Billing Number)*

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Circle One: **Pick-up / Delivery / E-Mail / FedEx**

| Beginning Bate No. | Ending Bate No. | Notes |
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