

**NOTICE OF DESIGNATED
AUTHORIZED SIGNER**

I, _____, have authorized the following [attorneys] to sign on my lawyer trust account(s) upon the closure of my practice:

Name of Authorized Signer for Trust Account(s): _____

Address: _____

Phone Number: _____

Name of Authorized Signer's Alternate: _____

Address: _____

Phone Number: _____

[Planning Attorney]

[Date]

[Authorized Signer]

[Date]

[Alternate Authorized Signer]

[Date]

[NOTE: This form may be used in lieu of, or in addition to, the Notice of Designated Assisting Attorney. If you have selected an Assisting Attorney to help in the closure of your practice and added someone as an Authorized Signer on your lawyer trust account, you should communicate your choices to your family, the Assisting Attorney, the Authorized Signer, and any designated alternates to avoid confusion. Please provide a copy of this form to the Idaho State Bar Licensing Department and the malpractice carrier, if any, so that they will know who to contact if there are questions regarding your lawyer trust account.]