## CIVIL COURT OF THE CITY OF NEW YORK COUNTY OF

I,

## STATEMENT OF AUTHORIZATION FOR <u>ELECTRONIC FILING</u> (Single Attorney Authorizing Individual Filing Agent)

, Esq., ( Attorney Registration

| No.                                                 | ) am an authorized user of the New York State Courts           |                                                                                                                                                    |
|-----------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Electronic Filing System                            | n ("NYSCEF") (User ID                                          | ). I hereby                                                                                                                                        |
|                                                     | ocuments on my behalf and a<br>through the NYSCEF system       | "the filing agent") to utilize his/her NYSCEF at my direction in any e-filed matter in which n, as provided in Section 202.5-b of the              |
| consented to e-filing, to                           | any mandatory matter in w                                      | al matter in which I have previously which I have recorded my representation, and gent to record my consent or representation                      |
| agent for filing in any st                          | uch matter. This authorizati<br>am counsel of record, shall b  | ocuments I generate and submit to the filing<br>ion, posted once on the NYSCEF website as to<br>be deemed to accompany any document filed          |
| either by debiting an ac<br>Court of any authorized | count the filing agent maint                                   | of payment, which the filing agent may make tains with the Clerk of the New York City Civing an account I maintain with the Clerk of iling county. |
|                                                     | on regarding this filing agen<br>elivered to the E-Filing Reso | nt shall continue until I revoke it in writing ource Center.                                                                                       |
| Dated:                                              |                                                                |                                                                                                                                                    |
| Signature                                           |                                                                | City, State and Zip Code                                                                                                                           |
| Print Name                                          |                                                                | Phone                                                                                                                                              |
| Firm/Department                                     |                                                                | E-Mail Address                                                                                                                                     |
| Street Address                                      |                                                                | EFCIV-12                                                                                                                                           |
|                                                     |                                                                | 11/26/18                                                                                                                                           |