



Lawyer E-services Security Access Request
Fax to @ 604-682-7967

Date: _____
Required by Date: _____

NOTE: SUBMIT ONE FORM PER USER

USER INFORMATION: Name: _____
Address: _____ City/Prov: _____
Postal Code: _____ Phone: _____ Email: _____

COMPUTER SYSTEM: PC Mac

USER TYPE: Lawyer Assistant (Must submit one form for each lawyer)
NOTE: Lawyers must be a registered user
Provide access to prepare e-billing accounts for:
Vendor #: _____
Lawyer: _____
Vendor #: _____

TYPE OF CHANGE: Add New User Re-set Password Disable Existing User
This is for Lawyer e-services access only. If you have other changes to report to LSS (i.e., address), please submit a Vendor Request Form.

PASSWORD SECURITY: The LSS Lawyer e-services system is available through a secure website utilizing industry standard security and encryption methods (i.e., these methods are consistent with the on-line banking industry). LSS will continually enhance its security methods in accordance with industry best practices.
Your User ID will be set up and communicated to you once you complete this form. Please print a temporary password in the space provided below. Please change your password immediately after logging into the system for the first time.

PASSWORD: *Please Provide A Temporary Password. **MUST be between 6 and 12 characters (lower case).** Passwords cannot be the same as your User ID (last name, first initial).*

Password: _____

Signed: _____ User Signature
Approved: _____ Lawyer Signature
_____ Print Name

LSS USE ONLY

AUTHORIZATION _____ LSS Authorized Signature _____ Date
USER ID: _____

- Letter E-mail Tariff System Direct Deposit