

(Facility Use Only) Firm #: _____

Authorization Agreement

I (we) hereby authorize the Trust(s) selected below to initiate entries to my (our) account at the **FINANCIAL INSTITUTION** named below and, if necessary, initiate adjustments for any transaction credited in error. Further, I (we) agree not to hold the Trust(s) responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me (us) or my (our) **FINANCIAL INSTITUTION** or due to an error on the part of the **FINANCIAL INSTITUTION** depositing funds into my (our) account. This agreement will remain in effect until Delaware Claims Processing Facility, LLC, (**DCPF**) on behalf of the Trust(s) selected below receives notice from me (us) to cancel or I (we) submit a new ACH agreement replacing this one and afford **DCPF**, the Trust(s) and my (our) **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

Account Information

Name of Financial Institution: _____

ACH ABA Routing Number:

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Account Number: _____

Checking

Savings

(The ABA Routing Number, usually the 9 digit number located in the middle of the MICR encoding line written across the bottom of your check, is unique to each bank and sometimes unique to each bank's separate regional offices. It is recommended that you contact your bank to verify the correct ACH Routing Number and Account Number to use for your firm's bank.)

**Cancelled/voided check (or bank letter from the financial institution)
must be attached here or request will not be processed.**

**Submit completed form to: Delaware Claims Processing Facility
Attn: Law Firm Administration
1007 North Orange Street, Suite
120 Wilmington, DE 19801**

Trust(s) authorized to deposit funds into this account—check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Armstrong World Industries Asbestos PI Settlement Trust | <input type="checkbox"/> United States Gypsum Asbestos PI Settlement Trust |
| <input type="checkbox"/> Babcock & Wilcox Asbestos PI Settlement Trust | <input type="checkbox"/> Owens Corning/Fibreboard Asbestos PI Trust |
| <input type="checkbox"/> Celotex Asbestos Settlement Trust | <input type="checkbox"/> T&N & FMP Subfunds of the Federal-Mogul Asbestos P.I. Trust |
| <input type="checkbox"/> WRG Asbestos PI Trust | <input type="checkbox"/> Flintkote Asbestos Trust |
| <input type="checkbox"/> DII Industries, LLC Asbestos PI Trust (HAL & HW) | |

Signature

Law Firm or Claimant Name
if unrepresented: _____ (print) Taxpayer ID#: _____

Address: _____

Signature: _____ Date: _____

(Print name and title-must be Law Firm Partner, Firm Administrator or Claimant if unrepresented)

Trust Online Username: _____ and E-mail address of authorized person to receive payment notification: _____

(Authorized person must have an enabled Trust Online account with Trust specific access to receive payment notifications via email. Please contact your Trust Online Firm Administrator to verify your account status and Trust access.)