



(Facility Use Only) Firm #:	
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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: Accou	ınt Number:	Checking	Savings	
(The ABA Routing Number, usually the 9 digit number located in the check, is unique to each bank and sometimes unique to each bank bank to verify the correct ACH Routing Number and Account Number	's separate regional offices	s. It is recommended that	=	
Cancelled/voided check (or bank	letter from the	financial inst	itution)	
must be attached here	e or request will	not be proce	ssed.	
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				
Armstrong World Industries Asbestos PI Settlement Trust		Sypsum Asbestos PI Sett	lement Trust	
Babcock & Wilcox Asbestos PI Settlement Trust	Owens Corning/Fibreboard Asbestos PI Trust			
Celotex Asbestos Settlement Trust	T&N & FMP Subfund of the Federal-Mogul Asbestos PI Trust			
WRG Asbestos PI Trust	Flintkote Asbestos Trust			
DII Industries, LLC Asbestos PI Trust (HAL & HW)	Pittsburgh Corr	ning Corporation Asbesto	s PI Settlement Trust	
Sig Law Firm or Claimant Name	nature			
if unrepresented:		Taxpayer ID#:		
(print) Address:				
Signature:	Dat	re:		
(Print name and title-must be Law Firm Partner, Firm	n Administrator or Claiman	nt if unrepresented)		
·	d E-mail address of authori	. ,	ayment notification:	
(Authorized parent must have an analysed Twist Online account with	T			

(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.)