



(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: \_\_\_\_\_

--	--	--	--	--	--	--	--	--

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 Subfund of the Federal-Mogul Asbestos P.I. Trust |

**Signature**

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

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Must be Law Firm Partner, Firm Administrator or Claimant if unrepresented

E-mail address of authorized person to receive payment notification: \_\_\_\_\_  
(Authorized person must have a Trust Online account to receive payment notifications via email. Please contact your Trust Online Firm Administrator to have an account created if needed. If not, the notification(s) will be mailed to you.)