



(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									
<table border="1" style="display: inline-table; width: 100px; height: 30px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										_____	<input type="checkbox"/>	<input type="checkbox"/>

(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 accompany request or 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

Email: dcpfwebsupport@delcpf.com

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"/> Federal-Mogul Asbestos PI Trust (T&N & FMP subfunds) |
| <input type="checkbox"/> WRG Asbestos PI Trust | <input type="checkbox"/> Flintkote Asbestos Trust |
| <input type="checkbox"/> DII Industries, LLC Asbestos PI Trust (HAL & HW) | <input type="checkbox"/> Pittsburgh Corning Corporation Asbestos PI Settlement Trust |

Signature

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

Taxpayer ID# or SSN (if unrepresented)

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Address: _____

Authorized approver must be **Law Firm Partner**, **Firm Super User** or **Claimant if unrepresented (must check one)**.

Authorized Approver
(Print Name) _____ Signature: _____ Date: _____

To receive an **ACH payment notification via email**, or make changes to existing email recipients, refer to the ACH Payment Notification form on the website or email dcpfwebsupport@delcpf.com