

# Automated Clearing House (ACH) Payment Authorization

Execution of this form authorizes the Trust(s) identified below to credit funds to the specified account at the financial institution named.

**Please attach a cancelled/voided check (or bank letter from the financial institution listed below) to this form. This request will not be processed until a cancelled/voided check or bank letter has been provided.**

## Law Firm Information

Name \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Address \_\_\_\_\_

## Depository Account Information

Financial Institution \_\_\_\_\_ (i.e. Bank of America)

Account Title \_\_\_\_\_ (i.e. ABC Firm Trust Account)

Account Type            Checking             Savings

ACH ABA Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

*Please indicate the Trust(s) to which this authorization form applies or check All Trusts (Current & Future).*

**All Trusts (Current and Future)**

A-Best Asbestos Settlement Trust

Garlock Settlement Trust

ACandS Asbestos Settlement Trust

H.K. Porter Asbestos Trust

ARTRA Asbestos Trust

Fraser's Boiler Liquidating Trust

ASARCO Asbestos Personal Injury Settlement Trust

KACC Asbestos PI Trust

Brauer Supply Company Asbestos Trust

Lummus 524(g) Asbestos PI Trust

Burns and Roe Personal Injury Settlement Trust

Oakfabco Asbestos Trust

Chicago Fire Brick Asbestos Trust

Plibrico Asbestos Trust

Christy Refractories Co. LLC Asbestos P. I. Injury Trust

Quigley Asbestos PI Trust

Combustion Engineering Trust

T H Agriculture & Nutrition, LIZ\_ Asbestos P1 Trust

Congoleum Plan Trust

U.S. Minerals Products Company P.I. Settlement Trust

G-1 Holdings Inc. Asbestos PI Settlement Trust

Yarway Asbestos PI Trust

I (we) hereby authorize the Trust(s) selected above to initiate entries to my (our) firm's account at the financial institution named above. 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 authorization is to remain in full force and effect until Verus Claims Services, LLC, on behalf of the Trust(s), has received written notification from the authorized signatory below of the above named firm's termination in such time and manner as to afford all parties involved a reasonable opportunity to act upon it.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Authorized signatory on referenced bank account – ONLY)

Name \_\_\_\_\_

Title \_\_\_\_\_



