

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 _____

Address _____

Tax ID Number _____

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 Number¹ _____ Account Number _____

Please indicate for each Trust to which this authorization form applies:

_____ All Trusts (Current and Future)

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

_____ A-Best Asbestos Settlement Trust

_____ Congoleum Plan Trust

_____ ACandS Asbestos Settlement Trust

_____ G-I Holdings Inc. Asbestos Personal Injury Settlement Trust

_____ ARTRA Asbestos Trust

_____ H.K. Porter Asbestos 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

_____ Plibrico Asbestos Trust

_____ Chicago Fire Brick Asbestos Trust

_____ Quigley Asbestos PI Trust

_____ Christy Refractories Company, LLC Asbestos Personal Injury Trust

_____ T H Agriculture and Nutrition, L.L.C. Asbestos Personal Injury Trust

_____ Combustion Engineering 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

(Authorized signatory on referenced bank account - ONLY)

Name _____ **Title**

Date

¹A unique nine (9) digit numbering sequence assigned to a financial institution for identification purposes. This number is traditionally found on negotiable instruments, such as checks, as part of the MICR line. It is recommended that confirmation of the ACH Routing Number is obtained through your respective financial institution.
