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 Trust
_____ ACandS Asbestos Trust
_____ APG Asbestos Trust
_____ APG Silica Trust
_____ ARTRA Asbestos Trust
_____ ASARCO Asbestos PI Trust
_____ Brauer Asbestos Trust
_____ Burns and Roe PI Trust
_____ Christy Asbestos PI Trust
_____ Combustion Engineering
_____ Congoleum Plan Trust
_____ Duro Dyne Asbestos Trust
_____ Fraser's Boiler Liquidating Trust
_____ Fuller-Austin Asbestos Trust
_____ G-I Holdings PI Trust
_____ Garlock Settlement Trust
_____ GVH Asbestos Trust
_____ H.K. Porter Asbestos Trust
_____ Hercules Chem. Asbestos Trust
_____ JT Thorpe Successor Trust
_____ KACC Asbestos PI Trust
_____ Kaiser Gypsum Asbestos PI
_____ Kaiser Silica Trust
_____ Leslie Controls Asbestos PI Trust
_____ Lummus Asbestos PI Trust
_____ Maremont Asbestos PI Trust
_____ Metex Asbestos PI Trust
_____ National Gypsum BI Trust
_____ Plibrico Asbestos Trust
_____ Porter Hayden Trust
_____ Quigley Asbestos PI Trust
_____ Sepco Asbestos PI Trust
_____ State Insulation ASB PI Trust
_____ Swan Asbestos and Silica Trust
_____ SWC Asbestos PI Trust
_____ T H A N Asbestos PI Trust
_____ U.S. Minerals PI 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: Primary Attorney, Controller, CFO, or Business Manager)

Name _____ Title _____
(Please print signer's name)