

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 | _____ KACC Asbestos PI Trust |
| _____ ASARCO Asbestos Personal Injury Settlement Trust | _____ Lummus 524(g) Asbestos PI Trust |
| _____ Brauer Supply Company Asbestos Trust | _____ Oakfabco Asbestos Trust |
| _____ Burns and Roe Personal Injury Settlement Trust | _____ Plibrico Asbestos Trust |
| _____ Chicago Fire Brick Asbestos Trust | _____ Quigley Asbestos PI Trust |
| _____ Christy Refractories Co. LLC Asbestos P. I. Injury Trust | _____ T H Agriculture & Nutrition, LLC. Asbestos PI Trust |
| _____ Combustion Engineering Trust | _____ U.S. Minerals Products Company P.I. Settlement Trust |
| _____ Congoleum Plan Trust | _____ Yarway Asbestos PI Trust |
| _____ G-I Holdings Inc. Asbestos PI Settlement 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)

Date _____

Name _____

Title _____

