## **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.

Name	Tax ID Number
Address	
<b>Depository Account Information</b>	
Financial Institution	(i.e. Bank of America)
Account Title	(i.e. ABC Firm Trust Account)
Account Type Checking □ S	avings
ACH ABA Routing Number <sup>1</sup>	Account Number
Please indicate the Trust(s) to which this authorization form	n applies or check All Trusts (Current & Future):
agree not to hold the Trust(s) responsible for any delay or loss of fu financial institution or due to an error on the part of the financial ins	Porter Hayden Bodily Injury Trust Plibrico Asbestos Trust Quigley Asbestos PI Trust T H Agriculture and Nutrition, L.L.C. Asbestos PI Trust U.S. Minerals Products Company P.I. Settlement Trust Yarway Asbestos PI Trust esto my (our) firm's account at the financial institution named above. Further, I (we) ands due to incorrect or incomplete information supplied by me (us) or my (our) stitution depositing funds into my (our) account. This authorization is to remain in full rust(s), has received written notification from the authorized signatory below of the
Signature	Date
(Authorized signatory on referenced bank accord	unt – ONLY)
Name	Title

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<sup>&</sup>lt;sup>1</sup> A 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.