Delaware Claims Processing Facility, LLC On behalf of the Asbestos PI Settlement Trusts listed below ACH Payment Form

Law Firm Name:	Tax ID Number:
Address:	(Facility use only) TO ID # for Law Firm:
Please check the box for each Trust to which this form applies:	
☐ Armstrong World Industries Asbestos PI Settlement Trust	
☐ Babcock & Wilcox Company Asbestos PI Settlement Trust	
☐ United States Gypsum Asbestos PI Settlement Trust	
Owens Corning/Fibreboard Asbestos PI Trust – Owens Corning	
Owens Corning/Fibreboard Asbestos PI Trust – <u>Fibreboard</u>	
I (we) hereby authorize the above selected Trust(s) (the Trust(s)), to credit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Select one: Checking Account/ Savings Account	
Depository Name:	Branch Name:
City: State	: Zip:
ACH ABA Routing Number: Acco	ount Number:
(ACH Number: (usually the 9 digit number located in the middle of the MICR encoding line written across the bottom of your check) is unique to each bank and sometimes unique to each bank's separate regional offices. It is recommended that you contact your bank to verify the correct ACH Routing Number to use for your firm's bank.)	
This authorization is to remain in full force and effect until the Trust(s) has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Trust(s) and DEPOSITORY a reasonable opportunity to act on it.	
Name(s): Signate (Please Print)	ature:(Authorized Signatory on referenced account)
Date:	

E-mail address of authorized person to receive payment notification: