



Authorization Agreement for ACH Payments

Instructions:

Please email the following to inquiry@claimsres.com:

- This completed and executed form
- Voided check or bank letter with ACH account information for the applicable entity's account listed below.

If either document is not attached no action will take place until received. Please note we cannot process wire payments, so please provide the ACH bank account and routing information only.

Law Firm Name: _____

Applicable Entity (Please select all that apply):

- C.E. Thurston & Sons Asbestos Trust
- Manville Personal Injury Settlement Trust
- NARCO Asbestos Trust

The law firm named above, which files claims with one or more clients of Claims Resolution Management Corporation ("CRMC"), hereby authorizes CRMC to deposit claim payments to the account listed on the attached voided check or attached bank letter. If monies to which the law firm is not entitled are erroneously deposited to that account, the law firm warrants that it will promptly inform CRMC of the mistake and will direct its financial institution to return such funds to CRMC. The law firm further authorizes the financial institution to credit and/or debit such transactions to its account. This authority will remain in effect until the law firm has cancelled it in writing.

CRMC is entitled to rely on the below bank account information provided by an agent, employee, partner or principal of the law firm and, except if CRMC has acted with gross negligence, will not be held liable for such reliance.

The undersigned person represents and warrants that he or she is authorized to sign this agreement and has full power and authority to bind the law firm to its terms.

Name (*print*): _____ Title: _____

Signed: _____ Date: _____

3120 Fairview Park Drive
 Suite 200
 Falls Church, VA 22042
 Phone: 703-204-9300
 Fax: 703-205-5620
 E-mail: inquiry@claimsres.com