



# ACH Credit Authorization

## Duro Dyne Asbestos Personal Injury Trust

Please include with this document a canceled/voided check or a bank letter from the financial institution listed below.

### Law Firm Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tax ID: \_\_\_\_\_

### Bank Account Information

Bank Name: \_\_\_\_\_

Bank Branch: \_\_\_\_\_

Branch City: \_\_\_\_\_

Branch State: \_\_\_\_\_

Branch Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I (we) hereby authorize the Duro Dyne Asbestos Personal Injury Trust (DURODYNE), to initiate credit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named above, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the originator of ACH transactions to my (our account) must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until DURODYNE has received written notification from me (or either of us) of its termination in such time and in such manners as to afford DURODYNE and DEPOSITORY a reasonable opportunity to act on it.

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_