



ACH Credit Authorization

Maremont 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 Maremont Asbestos Personal Injury Trust (MAR), 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 MAR has received written notification from me (or either of us) of its termination in such time and in such manners as to afford MAR 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: _____