Delaware Claims Processing Facility

ACH Agreement

(Facility Use Only) Firm #: _____

Authorization Agreement

I (we) hereby authorize the Trust(s) selected below to initiate entries to my (our) account at the FINANCIAL INSTITUTION named below and, if necessary, initiate adjustments for any transaction credited in error. Further, I (we) agree not to hold the Trust(s) responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me (us) or my (our) FINANCIAL INSTITUTION or due to an error on the part of the FINANCIAL INSTITUTION depositing funds into my (our) account. This agreement will remain in effect until Delaware Claims Processing Facility, LLC, (DCPF) on behalf of the Trust(s) selected below receives notice from me (us) to cancel or I (we) submit a new ACH agreement replacing this one and afford DCPF, the Trust(s) and my (our) FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Account Information

Name of Financial Institution: _____

ACH ABA Routing Number

Account Number: _____

Checking ☐ Savings ☐

(The ABA Routing 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 and Account Number to use for your firm's bank.)

Cancelled/voided check (or bank letter from the financial institution) must accompany request or will not be processed.

Submit completed form to:

Delaware Claims Processing Facility
Attn: Law Firm Administration
1000 North West Street, Suite 300
Wilmington, DE 19801

Email: dcpfwebsupport@delcpf.com

Trust(s) authorized to deposit funds into this account

Avon Liquidation Trust

Signature

Law Firm or Claimant Name if unrepresented: _____
(print)

Taxpayer ID# or SSN (if unrepresented)

Address: _____

Authorized approver must be ☐ Law Firm Partner, ☐ Firm Super User or ☐ Claimant if unrepresented (must check one).

Authorized Approver
(Print Name) _____ Signature: _____ Date:

To receive an ACH payment notification via email, or make changes to existing email recipients, refer to the ACH Payment Notification form on the website or email dcpfwebsupport@delcpf.com