

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT PAYROLL

I hereby authorize **ABX AIR INC.**, hereafter called the Company, to initiate electronic entries to the account indicated below and the Financial Institutions(s) named below to credit and/or debit the same to such account. **(See other side for instructions.)**

<input type="checkbox"/> NEW DIRECT DEPOSIT OR <input type="checkbox"/> CHANGE IN \$ AMOUNT ONLY	<input type="checkbox"/> CHECKING ACCOUNT OR <input type="checkbox"/> SAVINGS ACCOUNT
1) Financial Institution _____	
2) Routing/Transit Number ____ _ ____ _ ____ _ ____ _ ____ _	
3) Account Number _____ \$ _____ or Net (whole check) _____	

<input type="checkbox"/> NEW DIRECT DEPOSIT OR <input type="checkbox"/> CHANGE IN \$ AMOUNT ONLY	<input type="checkbox"/> CHECKING ACCOUNT OR <input type="checkbox"/> SAVINGS ACCOUNT
1) Financial Institution _____	
2) Routing/Transit Number ____ _ ____ _ ____ _ ____ _ ____ _	
3) Account Number _____ \$ _____ or Net (whole check) _____	

CANCEL AN EXISTING ACCOUNT	
2) Routing/Transit Number ____ _ ____ _ ____ _ ____ _ ____ _	Cancel <input type="checkbox"/>
3) Account Number _____	

YOU MAY ATTACH A VOIDED CHECK FROM WHICH THE ROUTING/TRANSIT AND ACCOUNT NUMBERS CAN BE READ.

This authority is to remain in full force and effort until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name _____ Employee I.D. # _____

Signature _____ Date _____

Return to: Payroll Data Entry, 2061-M
Fax: (937) 366-3132

ABX AIR INC. DIRECT DEPOSIT POLICY

You may have a maximum of two direct deposit accounts. You may send your entire pay to one account or split the pay into two different accounts.

Changes made require one pay period to become effective.

How to fill out the Direct Deposit Form:

TIP You can check with your financial institution:

1. To make sure the financial institution will accept direct deposits.
2. To get the correct routing transit number (RTN) and depositor account number (DAN).

LINE 1 - Fill in the name of your financial institution.

LINE 2 - The routing number (RTN) must be nine digits. If it begins with 5, 6, 7, 8, 9, the direct deposit will be rejected. See the sample check below for an example of where the RTN may be shown.

DO NOT use a deposit slip to verify the RTN.

LINE 3 - The depositor's account number (DAN) can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. See the sample check below for an example of where the DAN may be shown.

ANY BODY
SOME BODY
123 Main Street
Anywhere, NY 10000

PAY TO THE ORDER OF _____

_____ 19 _____

_____ \$ _____

_____ DOLLARS

ANYPLACE BANK
ANYPLACE, NY 10000
FOR _____

RTN (LINE 2)

DAN (LINE 3)

⑈036590154⑈ ⑆065000078⑆ 12345⑈

NOTE: The RTN and DAN may appear in different places on your check.