

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**

COMPANY NAME: _____

COMPANY TAX I.D. NUMBER: _____

I hereby authorize _____
hereinafter called "Company", to initiate credit entries and to initiate, if necessary, debit entries and
adjustments for credit entries in error to my (our): _____ Checking _____ Savings account
indicated below and the financial institution named below, hereinafter called "Depository" to credit
and/or debit the same to such account.

FINANCIAL INSTITUTION: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____ ACCOUNT NO: _____
(9 positions)

A/R EMAIL ADDRESS _____

CONTACT PERSON _____

PHONE NUMBER _____

PLEASE INCLUDE A COPY OF A VOIDED CHECK

This authority is to remain in full force and effect until Company has received written notification from
me (or either of us) of its termination in such time and in such manner as to afford Company and the
financial institution named above a reasonable opportunity to act on it.

DATE: _____ SIGNED: _____

NAME: _____

TITLE: _____

DATE: _____ *SIGNED: _____

*Two signatures required for accounts in joint names.

Please send completed form to:

Air Cargo Carriers

6135 S. Jasper Ave.

Milwaukee, WI 53207-6201

Attn: Kathy Moody

Email Address: kathryn.moody@aircar.com