

## AUTHORIZATION FOR TAX ESCROW WITHHOLDING

I AGREE TO HAVE THE TAX ESCROW DEDUCTION WITHHELD FOR MY LOCAL TAX AND UNDERSTAND THE ESCROW CHECKS WILL BE MAILED TO ME QUARTERLY. IN THE EVENT I WANT TO MAKE CHANGES, OR STOP THIS DEDUCTION; I WILL GIVE WRITTEN NOTIFICATION TO AIM DEDICATED LOGISTICS/ AIM NATIONALEASE.

**EMPLOYEE**

**NAME:** \_\_\_\_\_

**SOCIAL**

**SECURITY #** \_\_\_\_\_

**WITHHOLDING:**

FLAT AMOUNT \_\_\_\_\_

PERCENTAGE \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_