

CITY SAVE LOCAL TAX DEDUCTION FORM

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 INTEGRATED LOGISTICS/ AIM NATIONALEASE.

EMPLOYEE

NAME: _____

SOCIAL

SECURTIY # _____

WITHHOLDING:

FLAT AMOUNT _____

PERCENTAGE _____

SIGNATURE _____

DATE _____