



## Bus Privilege Rider / Removal Acknowledgement

1. I am requesting to be removed from the ABX bus transportation system.
2. I am requesting all payroll deductions to stop upon receipt of this form.
3. I am aware, given the timeframe in which this acknowledgement is received, it may take two pay periods for the deduction to stop.

I, \_\_\_\_\_ (Employee No. \_\_\_\_\_),  
hereby authorize ABX Air, Inc. to remove me as a city bus rider, along  
with stopping all payroll deductions.

### BUS ROUTE:

- |   |  |
|---|--|
| <input type="checkbox"/> Chillicothe      | <input type="checkbox"/> Hillsboro       |
| <input type="checkbox"/> Cincinnati       | <input type="checkbox"/> Peebles         |
| <input type="checkbox"/> Columbus-E       | <input type="checkbox"/> Springfield     |
| <input type="checkbox"/> Columbus-N       | <input type="checkbox"/> Washington C.H. |
| <input type="checkbox"/> Dayton/Englewood | <input type="checkbox"/> West Union      |
| <input type="checkbox"/> Downtown Dayton  | <input type="checkbox"/> Xenia           |
| <input type="checkbox"/> Greenfield       |  |

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**SIGNATURE**

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**DATE**