Former U.S. Employees

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Instructions:

Please complete *either* checking or savings account information and attach a **voided CHECK** showing the account number. (Checking accounts only) Incomplete information will result in this being returned to you and possibly delay your payment. **Note:** Deposit slips are not acceptable.

I hereby authorize AbitibiBowater, hereinafter called the Company, to deposit any and all distributions I may be entitled to into my checking or savings account as indicated below, and the depository/bank named below to deposit the same to such account.

CHECKING ACCOUNT

Bank Name _____ City/State _____

Bank Routing # _____ Checking Account # _____

SAVINGS ACCOUNT

Bank Name _____ City/State _____

Bank Routing # _____ Savings Account # _____

AUTHORIZATION FOR RECOVERY: By signing this form, the former employee consents to allow the Company to debit the account in order to recover any payment to which the former employee was not entitled that was erroneously deposited to the account . This means of recovery shall not prevent the Company from utilizing any other lawful means to retrieve payments to which the former employee is not entitled.

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

_____ 88 _____ OR _____

Former Employee Name PRINT — Employee ID — Social Security No.

_____

Mailing Address

_____ _____

Signature — Date

U.S. Mail:	AbitibiBowater Attn: US Payroll PO Box 1028 Greenville SC 29602-1028	***OR***	Fax: 864-552-6834 ***OR*** Scan/Email: uspayroll@abitibibowater.com

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