



CERES MARINE TERMINALS INCORPORATED
3355 WEST MONTAGUE, SUITE 201
NORTH CHARLESTON, SC 29418
TEL: 843 529 2160
FAX: 843 529 2164

May 13, 2009

REFERENCE: Ceres Marine Terminals - Direct Deposit

Ceres is now offering Direct Deposit for all Union Personnel. In order to enroll, the following directions need to be followed:

1. Fill out the Direct Deposit Form.
2. Attach a Voided Check for the checking account you will be using (**NOT A DEPOSIT SLIP**)
3. If a Savings Account is being used attach a copy of a voided deposit slip (**ONLY FOR SAVINGS**)
4. Return all forms to the local Ceres Supervisor or Mail to:
Ceres Marine Terminals
Attn: Diane Parker
3355 West Montague Avenue, Suite 201
North Charleston, SC 29418

Restrictions

1. Each employee will be allowed a direct deposit established for only one (1) bank account.
2. Employees are allowed to make one (1) change per six (6) months.
3. Once paperwork is received it will take approximately 3 to 5 weeks to process this request.
4. Please address all questions concerning Direct Deposit to the local Ceres office at 843-529-2160.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dennis J. Weaver', with a long horizontal line extending to the right.

Dennis J. Weaver
Vice President





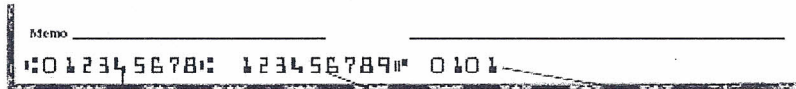
Employee Direct Deposit Enrollment Form

Payroll Manager—Please complete this section and enter data into your ADP Payroll system for employee enrollment. Then contact your CSR or AE for further instructions on how to update your employee's direct deposit information to ADP. **NOTE: YOUR COMPANY NAME MUST BE FILLED IN BEFORE DISTRIBUTING THIS FORM TO YOUR EMPLOYEE FOR COMPLETION.** (Please print.)

Company Code: _____ Company Name: _____ (referred to herein as "Employer") Employee File Number: _____
Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check— not needed for sign-up)

Important! Please read and sign before completing and submitting.

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

SSA Cooper is now accepting request for direct deposit of your SSA Cooper payroll checks to your checking, savings accounts. The first deposit will start November 3, 2004. Please fill out in entirety the form attached. You must supply SSA Cooper with a voided check or deposit slip from said accounts. You will have to state an amount as we can not work on percentages. Any questions, please call Kay Starn at 843-971-2908. Please leave a message and a phone number to call you if I am unavailable.



SSA Cooper
A Carrix Enterprise

PO Box 1767
Savannah, Georgia
31402
912/966-1111 tel
912/966-2288 fax
www.ssamarine.com

SECTION 1		
EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL):	REGISTRATION NUMBER: EC8404	SOCIAL SECURITY NUMBER:

SECTION 2

You may enroll in up to three accounts. Deductions will be made in priority 1, 2, 3 respectively. Any remaining amount will be issued in a check if remaining net amount is not designated.

1. NEW CHANGE AMOUNT CANCEL

Bank Name: _____ Bank Phone Number: (_____) _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Amount of Deposit: \$ _____ or Entire Net Amount

2. NEW CHANGE AMOUNT CANCEL

Bank Name: _____ Bank Phone Number: (_____) _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Amount of Deposit: \$ _____ or Remaining Net Amount

3. NEW CHANGE AMOUNT CANCEL

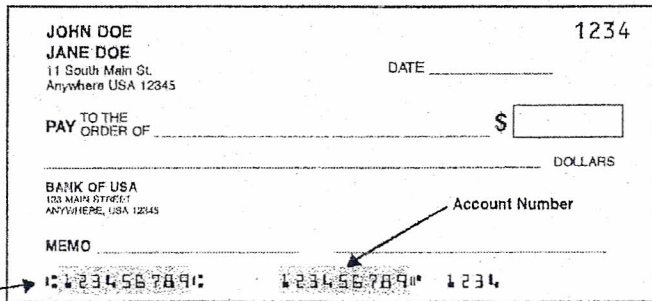
Bank Name: _____ Bank Phone Number: (_____) _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Amount of Deposit: \$ _____ or Remaining Net Amount

SECTION 3 PLEASE ATTACH A VOIDED PERSONAL CHECK FOR VERIFICATION

Here is a sample check detailing where the information necessary to complete this form can be found:



Routing Number

SECTION 4

I hereby authorize SSA Cooper, LLC to initiate credit entries directly to the accounts identified above. In the event that any funds are erroneously deposited to any specified account, SSA Cooper has the right to recover all erroneously deposited funds.

The authorization is to remain in full force and effect until SSA Cooper has received written notice from me of its termination in such time and in such manner as to afford SSA Cooper and Financial Institution a reasonable opportunity to act on it.

Signature _____ Date _____



**MARINE TERMINALS CORPORATION EAST
DIRECT DEPOSIT ENROLLMENT
AND AUTHORIZATION FORM**

SECTION 1

EMPLOYEE NAME (LAST, FIRT, MIDDLE INITIAL):	REGISTRATION NUMBER:	SOCIAL SECURITY NUMBER:
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SECTION 2
You may enroll in up to three accounts. Deductions will be made in priority 1, 2, 3 respectively. Any remaining amount will be issued in a check if remaining net amount is not designated.

1. NEW CHANGE AMOUNT CANCEL

Bank Name: _____ Bank Phone Number: (____) _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Amount of Deposit: \$ _____ or Entire Net Amount

2. NEW CHANGE AMOUNT CANCEL

Bank Name: _____ Bank Phone Number: (____) _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Amount of Deposit: \$ _____ or Entire Net Amount

3. NEW CHANGE AMOUNT CANCEL

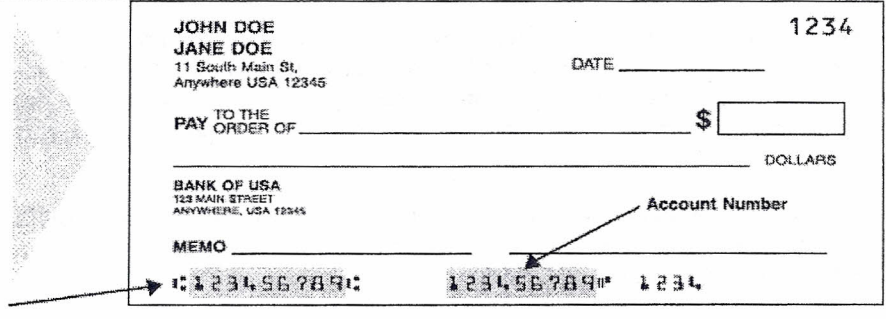
Bank Name: _____ Bank Phone Number: (____) _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Amount of Deposit: \$ _____ or Entire Net Amount

SECTION 3 PLEASE ATTACH A VOIDED PERSONAL CHECK FOR VERIFICATION

Here is a sample check detailing where the information necessary to complete this form can be found:



Routing Number

SECTION 4

I hereby authorize all funds (including Vacation, Holiday, PGP) paid to me by Marine Terminals Corporation East directly to the accounts identified above. In the event that any funds are erroneously deposited to any specified account, Marine Terminals Corporation East has the right to recover all erroneously deposited funds.

The agreement represented by this authorization remains in effect until canceled by the payee by written notice to Marine Terminals Corporation East or by the death or legal incapacity of the payee.

Participant's Signature _____ Date _____

DIRECT DEPOSIT AUTHORIZATION FORM

NAME

PORT OR WF# OR
Last 6 Digits of SS #

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I (we) hereby authorize "Universal Maritime Service Corp" hereafter called "Company" to initiate credit entries & to initiate, if necessary, debit entries & adjustments for any credit in error to (our) (must **choose** either) Checking Savings acct indicated below and the Depository Institution named below to credit and/or debit the same to such acct.

DEPOSITORY NAME (BANK)

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CITY

STATE

AMOUNT OF DEPOSIT

		FULL AMOUNT	PARTIAL AMOUNT

TRANSIT/ABA NUMBER

ACCOUNT NUMBER

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CHECK ONE:

- This is a new account
 This is replacing an existing account
 I have an existing account. Add this account as a second direct deposit
 Please update the amount being deposited into a current account
 Please stop my direct deposit. Completed form is attached

This authorization 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 the Company & Depository a reasonable opportunity to act on it.

BE ADVISED that there could be circumstances beyond our control that may delay the transfer of funds into your account by 1 day, i.e. bank holidays, or other unforeseen problems.

DATE

SIGNATURE

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A COPY OF CHECK IS REQUIRED IF DEPOSITING TO CHECKING ACCOUNT
PLEASE FAX ALL FORMS TO: (704) - 571 - 4929