



United States Drilling Inc.

Employee Payroll Deduction Authorization for Coveralls

Employee Name (print): _____

1st Five Digits of Social Security Number _ _ _ _ _

- I acknowledge receipt of one pair of ENSIGN coveralls at no charge to me for my exclusive use while working for ENSIGN United States Drilling Inc.

- I authorize ENSIGN United States Drilling Inc. to deduct from my final paycheck the cost of this pair of coveralls issued to me if I quit within 90 days after the date that this authorization form is signed.

Employee Signature _____ Date _____