

CONFIDENTIAL - Contains Personally Identifiable Information

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REQUEST FOR UNCLAIMED PAY – Form HS195

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Complete all the following items:

Date: _____

Payroll location code: _____

Name of Employee: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home phone number: _____

Ford Bank Acct# _____	Check number: _____	Check date: _____	Net Amount: _____
Ford Bank Acct# _____	Check number: _____	Check date: _____	Net Amount: _____
Ford Bank Acct# _____	Check number: _____	Check date: _____	Net Amount: _____
Ford Bank Acct# _____	Check number: _____	Check date: _____	Net Amount: _____
			Total: _____

Working Fund Replacement check was issued at location: **(must circle)** Yes No **If yes, provide check number -**

Please read the following instructions.

Check only

Return "Request for Unclaimed Pay" form with the original check attached (if available and employee retains check stub).

If a replacement check is issued to me, the Company may recover from my pay any liability it may incur as a result of the stop payment and/or replacement check. If the original check is found, I will return it to the pay office at the location where I work (if salaried, please return check to Employee Payments and indicate on check, it was reissued). In consideration of your processing this request, I agree to hold FORD and Comerica Bank harmless from all consequences of their compliance. I agree that Comerica will not be liable for inadvertent failure to comply unless it fails to exercise ordinary care. In addition to the definition of the term 'ordinary care' under pertinent law, I agree that Comerica initiation of and continuance of its established procedures to stop payment on such items constitute the exercise of ordinary care, and any individual error by Comerica personnel in deviating from such procedures shall not constitute a lack of ordinary care.

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Please send Request for Unclaimed Pay to:

Inter-Co Address: Employee Payments
WHQ 727 – E2

U.S. Mail: Ford Motor Company
Employee Payments
Attn: Unclaimed Pay Analyst
One American Road, WHQ 727 – E2
Dearborn, MI 48126

Email: USPASTOP@FORD.COM

Subject line must include: **UNCLAIMED PAY REQUEST**

Employee Signature: _____ Payroll Coordinator: _____

Global ID: _____ (Hourly Employees Only)

E-mail Address & Phone #: _____

Notes:

1. All salaried checks will be mailed to the current address of record; hourly checks will be mailed to the plant.
2. If you are currently enrolled in Direct Deposit, check will be direct deposited.
3. Hourly Employees must have their Payroll Coordinator sign the form.
4. Replacement checks will take 3-5 business days to process and then mailed out.

PLEASE DIRECT ALL QUESTIONS TO SPAYROLL@FORD.COM.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

FAXED COPIES ARE NOT ACCEPTED!