

EXHIBIT 24

CONFIDENTIAL

022-176716



DEPOSIT AUTHORIZATION ESCROW ACCOUNT

I have been informed of and do fully understand the Deposit Policy and Escrow Account of PAM Transport, Inc. By virtue of my signature on this form, I do hereby authorize a \$25.00 deduction from each of my weekly payroll checks until a maximum deposit of \$500.00 is reached. I further authorize PAM Transport, Inc., in the event of separation from the company for whatever reason, to deduct from my final payroll check any amount (even in excess of \$25.00) to bring my deposit amount to this \$500.00 maximum. This authorization is granted upon the condition that, once the \$500.00 maximum amount has been accumulated, I will be paid interest each quarter based on the annualized rate of 5% or annualized prime rate, whichever is less. This rate will be determined on the first business day of each quarter.

I understand and agree that the money in the escrow account may be deducted by PAM Transport, Inc., after my termination in the event:

1. PAM fails to receive all of my trip envelopes and bills of lading.
2. That PAM pays a fine or citation received by me and chargeable to me.
3. That PAM incurs any expenses as a result of my termination including, but not limited to, out of route miles, towing, truck chasing for abandoned vehicle.
4. There is damage to the vehicle or cargo.
5. To recover hiring and on boarding costs should I terminate within the first year.
6. Any other reasonable expense incurred by PAM as a result of my employment or termination.

Final disbursement of the escrow balance, less any deductions, will be made 90 days after termination.

DRIVER'S SIGNATURE: _____

DATE: _____

REVISED: 11/01/14
FORM: PAMT-DAE

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