



7140 Office Circle
Evansville, IN 47715

Phone: 812-962-5093

EFT PAYMENT AUTHORIZATION FORM

Please complete and return this Electronic Funds Transfer (EFT) Payment Authorization Form. This form is necessary in order to make electronic payments to your company for shipment or services provided to Accuride Corporation and Subsidiaries.

Please print clearly. All information provided will be kept confidential.

The undersigned company ("Payee") authorized Accuride Corporation to make payments for goods and services covered by any purchase order or agreement through EFT.

Vendor Information:

Company Name: _____	Contact Name: _____
Address: _____	Telephone: _____
_____	*Email: _____
EIN # _____	_____

*All remittance advice information sent in conjunction with EFT payments will be directed to this email address.

Bank Information:

Bank Name: _____	Bank #: _____
Bank Address: _____	Account #: _____
_____	ABA Routing #: _____
_____	Bank Contact: _____
_____	Bank Telephone: _____

Payee accepts the terms of this agreement on this _____ day of _____, 20____.

(Payee, Authorizing Signature Must be a Signing Officer)

(Print Name)

(Title)

Please completed form and e-mail to mstephens@accuridecorp.com or Fax to 812-962-5426