

ACCURIDE[®] **CORPORATION**

7140 Office Circle
P.O. Box 15600
Evansville, IN 47716

Phone: 812-962-5099

August 22, 2012

Dear Credit Manager:

RE: Electronic Funds Transfer

Accuride Corporation is now offering its suppliers/vendors the opportunity to utilize Electronic Funds Transfer (EFT). It is expected that this process will be more efficient and secure than our current process of sending paper checks in the mail. Payments can now be deposited directly into your bank account, and you will be notified via email that the deposit has been made. Included on the email is a remittance advice itemizing details of the invoice(s) paid.

Be assured that security over your bank account will be maintained, as we can only deposit funds into your account.

To implement this process, we require your cooperation and assistance. Please read, complete, and authorize the attached EFT Payment Authorization Form and return it to the address above or e-mail to acctspay@accuridecorp.com.

Regards,

ACCURIDE CORPORATION

Marcy Stephens
Morgan Bender
Accounts Payable Dept
mstephen@accuridecorp.com
mbender@accuridecorp.com



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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: _____
Address: _____

Contact Name: _____
Telephone: _____
*Email: _____

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

Bank Information:

Bank Name: _____
Bank Address: _____

Bank #: _____
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 fax completed form to 270-831-6123 Attn: Marcy Stephens OR mail to the address above OR e-mail to acctspay@accuridecorp.com.