

ACH Direct Deposit Form

Dear Service Provider,

We would like to encourage all of our Service Providers to participate in our ACH Direct Deposit payment program. All payments will be automatically deposited to your specified account. This process will help reduce the amount of time needed to receive your payment and it will also eliminate delays due to postal system errors.

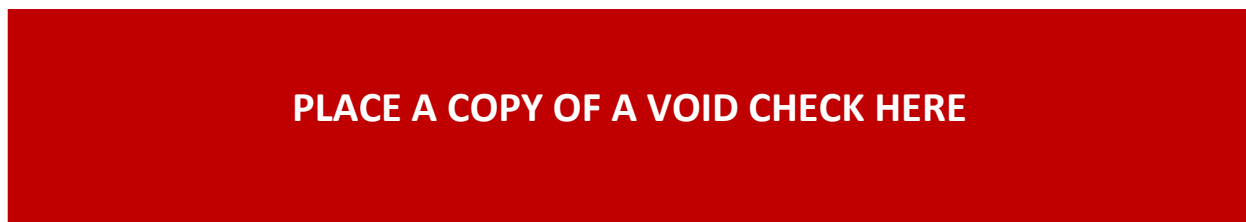
Please complete the following information and follow the instructions below:

ISP Name	ISP Number (if available)
----------	---------------------------

BANK INFORMATION	
Bank Name:	
Address:	
Contact Person:	
Phone Number:	
Fax Number:	

ACCOUNT INFORMATION	
Routing Number:	
Account Number:	
Account Type:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Union <input type="checkbox"/>

Independent Service Provider (ISP) - Signature	Effective Date
--	----------------



Please complete this form and attach a copy of a voided check. You may email it to providerpayables@road-america.com or fax it to Provider Payables Department at (877) 377-8441. Please allow 7 to 10 business days for processing.