



Accounts Payable ACH Authorization Form

I hereby authorize Saia, Inc., or its subsidiaries, ("Company") to initiate credit Automated Clearing House ("ACH") entries and to initiate, if necessary, debit ACH entries and adjustments for any credit entries made in error to my account indicated below and further authorize the depository bank named below ("Depository") to credit and/or debit the same to such account.

Bank Name:

Branch:

City:

State:

Zip:

Bank Routing Number/ABA (9 digits):

Bank Account Name:

Bank Account Number:

This ACH authority is to remain in full force and effect until the Company has received written notification of its termination in such time and manner as to provide the Company and Depository a reasonable opportunity to act upon it.

Payee Name:

TIN/SSN:

Authorized Signature: _____

Printed Name:

Title:

Date:

Saia sends payments via CTX ACH. If additional remittance information is needed, please provide email.

Email:

Email to apinterfaces@saia.com

A voided check copy is required for individuals.

(No check copy required for business accounts)