



# REQUEST FOR ELECTRONIC PAYMENTS

Please complete the following information:

**Vendor Information:**

NS Issued Vendor Number(s) \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

Remittance City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Financial Institution Information** **\* If NO, please provide current banking information on file.**

New ACH Vendor Yes  NO

Current Bank Name: \_\_\_\_\_

Last 4-Digits of current Bank Account # on file with NS: \_\_\_\_\_

New Bank Name: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

New ABA Routing #: \_\_\_\_\_  
( 9 Digits - all numbers)

New Account #: \_\_\_\_\_

Account Type: Checking  Savings

**Remittance Detail:**

Choose only one of the following:

Sent by bank through the method(s) that they select (known as CTX)

Sent by Norfolk Southern (known as CCD+) email

**Authorized by:** \_\_\_\_\_  
(please print)

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

A **VOIDED CHECK** must accompany this form. If you are unable to provide a voided check, a letter from your bank providing confirmation of your account information will suffice.

**PLEASE SEND THIS FORM AND A VOIDED CHECK TO:** **OR** **E-MAIL FORM AND CHECK IMAGE TO:**  
 Triple Crown Services [ap.invoices@triplecrownsvc.com](mailto:ap.invoices@triplecrownsvc.com)  
 Attn: Accounts Payable  
 2720 Dupont Commerce Court, Ste 200  
 Fort Wayne, IN 46825

Questions regarding this form should be directed to the Accounts Payable Department via [ap.invoices@triplecrownsvc.com](mailto:ap.invoices@triplecrownsvc.com) or 800-723-3925 option 3