



REQUEST FOR ELECTRONIC PAYMENTS

Please complete the following information:

<u>Vendor Information:</u>		
NS Issued Vendor Number(s)	_____	
Vendor Name:	_____	
Remittance Address:	_____	
Remittance City:	State _____	Zip Code _____
Contact Name:	Phone # _____	(_____)
E-Mail Address:	_____	

<u>Financial Institution Information</u>		
Vendor's Bank Name:	_____	
Bank Address:	_____	
Bank's City	State _____	Zip Code _____
ABA Routing #:	_____	
	(9 Digits - all numbers)	
Account #:	_____	
Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

<u>Remittance Detail:</u>	
Choose <i>only one</i> of the following:	
<input type="checkbox"/>	Sent by bank through the method(s) that they select (known as CTX)
<input type="checkbox"/>	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:

Dustin Fell
Thoroughbred Direct Intermodal Services
carrier.relations@ns-direct.com