



**REQUEST FOR ELECTRONIC PAYMENTS**

Please complete this entire form. Any fields not completed may cause delays in processing this request.

**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**

Request Type                      New ACH Setup                       Update ACH Setup

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

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

New ABA Routing #: \_\_\_\_\_ 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:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
(please print)

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

BANK DOCUMENT: A **VOIDED CHECK** or a letter from your bank providing confirmation of your account information must accompany this form.

<b>PLEASE SEND THIS FORM AND BANK DOCUMENT TO:</b>	<b>OR</b>	<b>E-MAIL FORM AND BANK DOCUMENT TO:</b>
Norfolk Southern Corporation		<a href="mailto:APPAYTERMS@NSCORP.COM">APPAYTERMS@NSCORP.COM</a>
Accounts Payable Box 32		
650 West Peachtree ST NW		<b>FAX FORM AND CHECK IMAGE TO:</b>
Atlanta, GA 30308		540-524-6441

Questions regarding this form should be directed to the Accounts Payable Department via [APPAYTERMS@NSCORP.COM](mailto:APPAYTERMS@NSCORP.COM) or to our helpdesk at 1-877-888-8489

**FOR OFFICE USE ONLY:**

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CONFIRMED BY: \_\_\_\_\_ DATE: \_\_\_\_\_