



ACH VENDOR PAYMENT AUTHORIZATION FORM

This form is used for electronic payments processed through the Automated Clearing House (ACH). Norfolk Southern Corporation uses this information to transmit payment data electronically to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through ACH. **A voided check or signed bank letter from your bank providing confirmation of your account must accompany this form.**

Both sections below must be completed by vendor.

VENDOR INFORMATION:

*NS ISSUED VENDOR NUMBER: _____

*VENDOR NAME: _____
(Vendor Name must be an exact match to what is listed on your W-9)

*REMITTANCE ADDRESS: _____

*REMITTANCE CITY: _____ REMITTANCE STATE: _____ REMITTANCE ZIPCODE: _____

*REMITTANCE CONTACT NAME: _____ *REMITTANCE CONTACT PHONE #: _____

*REMITTANCE CONTACT EMAIL: _____

 AUTHORIZED BY (PRINT NAME): _____ SIGNATURE: _____ TITLE: _____ DATE: _____

FINANCIAL INSTITUTION INFORMATION:

*REQUEST TYPE: NEW ACH SETUP UPDATE EXISTING ACH

*BANK NAME: _____

* (9) DIGIT ROUTING NUMBER: _____

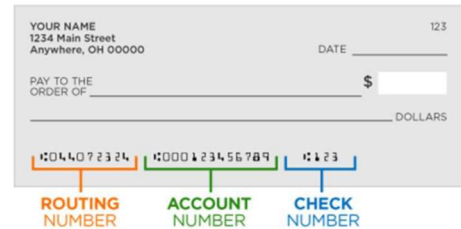
*DEPOSITOR ACCOUNT NUMBER: _____

*ACCOUNT TYPE: CHECKING SAVINGS

*REMITTANCE DETAIL (CHOOSE ONLY ONE):

SENT BY VENDOR BANK THROUGH THE METHOD(S) SELECTED (KNOWN AS CTX).

SENT BY NORFOLK SOUTHERN EMAIL (KNOWN AS CCD+).



Questions regarding this form should be directed to the Accounts Payable Department via APElectronicPayments@nscorp.com