



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-Digist 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:**

Thoroughbred Direct Intermodal Services, Inc. ap.invoices@ns-direct.com

Attn: Accounts Payable

5165 Campus Drive, Suite 400

Plymouth Meeting, PA 19462

Questions regarding this form should be directed to the Accounts Payable Department via ap.invoices@ns-direct.com