

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

Please forward the completed form to CSX Transportation (CSXT) via email at CustomerRel@csx.com or a secured facsimile at 904.245.2985.

***REQUIRED FIELDS**

SECTION 1: AGREEMENT HOLDER				
*Agreement Holder Name:		*CSX Agreement Number	*Base Rent Amount	*Billing Frequency
*Address (1):				
Address (2):				
*City/State/Zip:				
*Contact Name:				
Contact Title:				
Contact Email:				
*Phone No.:		Cell No.:		Fax No.:
<p>PLEASE NOTE: Sales tax + CPI adjustments will be charged in addition to the Base Rent Amount when applicable. CPI is the Consumer Price Index compiled by the Bureau of Labor Statistics of the United States Department of Labor. Please check your agreement to see if it calls for CPI.</p>				
SECTION 2: PAYMENT SOURCE				
*Payer Name:				
*Bank Name:				
*Bank Address:				
*City/State/Zip:				
Business		Personal		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
*Account Number:	Example: ⑆0123456789⑆ 012345678901234			
*Transit Routing Number:	↑ Routing Number		↑ Account Number	
SECTION 3: AUTHORIZATION				
<p>I hereby authorize CSXT to initiate a direct debit (charge) on the above account in the amount indicated. I hereby authorize CSXT to electronically transmit accounting data that is relative to the account, in accordance with NACHA operating rules. I understand this authorization will be in effect until CSXT is notified of change by prepaid registered mail or certified mail to CSX Transportation, Inc., Property Services J180, 6737 Southpoint Drive, Jacksonville, FL 32216.</p>				
I also stipulate that I am authorized to affect this electronic fund transfer for the agreement holder named above.				
*Authorized as of:		*By (signature):		
		Name:		
		Title:		
		Phone:		