



Freight Payments Authorization Form

Thank you for requesting The Burlington Northern and Santa Fe Railway Company's (BNSF) web-based freight payment system. Please complete the following form and fax it to BNSF at 817-352-7665. By completing this form, you are authorizing BNSF to seek electronic payment from your bank when using BNSF's web site transaction to initiate payments.

BNSF acknowledges that the origination of electronic transactions to BNSF's account must comply with the provisions of U.S. law. BNSF will maintain reasonable security measures that guard access to and disclosure of the customer information contained in this form. If you elect to cancel electronic payment authorization you must send written notification of cancellation to:

Manager eBusiness
BNSF Railway
2650 Lou Menk Dr. MOB-1
Ft. Worth, TX 76131

Upon cancellation, customer banking account information will be removed from BNSF's records and either returned or destroyed at Customer's request.

Customer agrees to take all reasonable and necessary steps to safeguard its User I.D. and password and to notify BNSF immediately if it appears payments have been made or authorized without Customer's permission. BNSF cannot be liable for problems due to Customer's failure to maintain sufficient funds in the designated account. Customer agrees that use of this electronic freight payment tool is governed by the BNSF Technology Use Agreement. This Agreement may be accessed by going to BNSF's internet address: <http://www.bnsf.com/websec/agreement.html>.

Customer Information

Customer Name: _____

Customer Address: _____

[Authorized] Customer Contact:

Contact Name: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Person(s) Authorized to Initiate Payments

BNSF Account Number (Patron Code)

Person(s) Authorized to View Payables (Read Only Access)

BNSF Account Number (Patron Code)

Financial Institution Information

Bank Name: _____

Bank ABA Routing Number: _____

Bank Account Number: _____

Bank Contact Information (if available):

Bank Contact Name: _____

Bank Contact Address: _____

Bank Contact Phone: _____

Bank Contact Email: _____

Customer hereby authorizes use (Please indicate):

___ BNSF's Account Status payment system (located at www.bnsf.com).

___ Credit Application – EFT

Authorized Customer Signature: _____

Name: _____

Title: _____

Date: _____

Authorized Customer Contact Supervisor Signature: _____

Name: _____

Title: _____

Date: _____