

CSXT Schedule PA

PAYMENT SUBMISSION FORM

Project Description: _____

CSXT OP# _____ (To be filled in by CSXT)

Payment may be made via paper check or ACH/EFT payment as detailed below.
Payment due prior to work commencing.

*****Mail a Check*****

Mail this form, along with your
paper check (do not send the
Agreement) to the following address:

**CSX Transportation, Inc.
P.O. Box 530192
Atlanta, GA 30353-0192**

OR

*****ACH/EFT Payment*****

Submit Payment to:

**CSXT Govt. Billing
P.O. Box 530192
Atlanta, GA 30353-0192**

**Acct # 1219082172
ACH ABA# 267084199**

When submitting payment VIA EITHER CHECK OR ACH/EFT, send a photocopy of the check
or associated ACH/EFT payment info, along with this form via email/mail to:

**Scott Willis
Project Manager II - Public Projects
500 Water Street, J-301
Jacksonville, Florida 32202
scott_willis@csx.com and eva_olsen@csx.com**

(All information below to be completed by Agency providing Payment)

Sponsor Name

Payment Date

Check #

Amount
