

DEPARTMENT OF THE TREASURY
United States Customs Service

ACH APPLICATION

United States Customs Service Automated Clearinghouse Daily Statement Payment Program
(This application will be used to communicate account information to Mellon Bank)

Date: _____

Action to be Taken: Add Change Delete

Current ACH Payer Unit Number: _____ Requested Effective Date: _____
(Effective date should be at least 2 business days in the future)

Payer Company Name: _____

Payer Company Address: _____

Payer Contact Name: _____

Payer Telephone: (_____) _____ FAX: (_____) _____

Importer Number: (Include suffix) _____ OR 3 digit filler code: _____

Bank Name: _____

Bank must be a National Automated Clearinghouse Association (NACHA) participant.

ACH Bank Transit
Routing Number _____

ACH Bank
Account Number _____

To ensure the accuracy of the account information, it is requested that written verification (obtained from your bank) be completed and accompanies this application. The ACH payer will be responsible for defaults, which result from incomplete or erroneous account information when written verification is not submitted and certified by bank personnel. Please verify that the bank transit routing and account numbers on the ACH application and verification from your bank match before sending to the Accounting Services Division.

The payer unit number assigned for your ACH account is valid for any broker who files entries on your behalf. Please list one broker on the line below.

Name of Customs Broker/Filer: _____ 3 digit filer code: _____

Contact Name: _____ Telephone: (_____) _____

U.S. Customs ABI Client Representative of Customs Broker/Filer: _____

Name of Authorizing Company Official
(Please type or print)

Signature of Authorizing Company Official

This application may be faxed, mailed or e-mailed to the ACH Coordinator at:

U.S. Customs Service
ACH Applications
6026 Lakeside Blvd.
Indianapolis, IN 46278

Telephone: (317) 298-1200 Ext. 1098
FAX: (317) 298-1259
E-mail ACH-Customs@customs.treas.gov