

ACH DEBIT APPLICATION

U.S. Customs and Border Protection Automated Clearinghouse Daily Statement Payment Program
(This application will be used to communicate account information to Federal Reserve Bank of Cleveland)

Add

Action to be Taken: Change Effective Date: _____ Current Payer Unit Number: _____
(Effective date should be at least 3 business days in the future)

Delete Effective Date: _____ Current Payer Unit Number: _____

Payer Information

Payer Importer Number **OR** 3 digit filer code: _____
(Include Suffix)

Payer Company Name: _____

Payer Company Address: _____

Payer City, State Zip: _____

Payer Contact Name: _____

Payer Email Address: _____

Payer Telephone: _____ FAX: _____
(Enter country code if applicable) (Enter country code if applicable)

Name of Authorizing Company Official (Please type or print)

Signature of Authorizing Company Official

Banking Information

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

Bank Name: _____ Address: _____

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 accompany 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 ensure that the bank transit routing and account numbers on the ACH application have been verified by your bank before sending to the Revenue Division.

Broker/Filer Information

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

Contact Name: _____ Telephone: _____ Fax: _____

ABI Representative of Customs Broker/Filer: _____

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

Revenue Division
ACH Debit Applications
6650 Telecom Drive, Suite 100
Indianapolis, IN 46278

Telephone: (317) 298-1200 Ext. 1098
FAX: (317) 298-1259
Email: ACH-Customs@cbp.dhs.gov

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0078. The estimated average time to complete this application is 5 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection Office of Regulations and Rulings, 90 K Street, NE., Washington DC 20229.