

ACH Application Form

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

Date: _____

Action to be taken: Add Change Delete

If action is a change or a delete, please provide:

Current ACH Payer Unit Number: _____ Request Effective Date: _____

(Effective date should be at least two business days in the future.)

If action is an add, change, or delete, please provide the following information:

Payer Company Name: _____

Payer Company Address: _____

Payer Contact Name: _____

Payer Telephone: () _____ Fax: () _____

Please provide applicable importer number of 3 digit file code if ACH applicant.

Importer Number: _____ OR 3 digit filer code: ____ ____ ____

(Include suffix)

Bank Name: _____ Address: _____

Telephone: () _____

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 a specific sheet (obtained from you bank) be completed and accompany this application. The ACH payer will be held responsible for defaults which result from incomplete or erroneous account information when the specification sheet is not submitted and certified by bank personnel. Please verify that the bank transit routing and account numbers on the ACH application and specification sheet match before forwarding to the National Finance Center.

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 should be faxed or mailed to the ACH Coordinator at:

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

Fax: (317)298-1259
Phone: (317)298-1200 ext:

(To be completed by the U.S. Customs Services)

ACH Payer Unit Number: ____ ____ ____ ____ ____ (assigned by USCS) Effective Date: _____

(Effective date is first date ACH payment authorizations may be sent by Customs Broker/Filer)