ACH Application

ACH APPLICATION

United States Customs Service 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 ❑

Current ACH Payer Unit Number: _____   Requested Effective Date: _____
(Allow at least two business days.)

Payer Company Name: _____
Payer Company Address: _____
_____
Payer Contact Name: _____
Payer Telephone: ( ) _____   FAX: ( ) _____

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   ACH Bank
Routing Number: _ _ _ _ _ _ _ _ _   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 that 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 bank specifications sheet match before forwarding to the Accounting Services Division.

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   Signature of Authorizing Company Official
(Please type or print)

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

U.S. Customs Service	Telephone:	(317) 298-1200 Ext. 1098
ACH Applications	FAX:	(317) 298-1259
P.O. Box 68901		
Indianapolis, IN 46268	Email:	ACH-Customs@customs.treas.gov

This section to be completed by the U.S. Customs Service

ACH Payer Unit Number _ _ _ _ _ _ **(assigned by USCS)** **Effective Date** _____
(Effective date is the first date ACH payment authorizations may be sent by Customs Broker/Filer)

Automated Clearinghouse (ACH) Application Form

A separate ACH Application Form must be completed for each bank account if multiple accounts are used in the Automated Clearinghouse (ACH). To receive notification of the assigned Payer's Unit Number quickly, print the FAX telephone number in the upper right-hand corner of the form. If a broker is providing the form on behalf of the client, the client's FAX number should be provided.

Definitions for the data elements reported on the ACH Application Form are defined below:

Data Element	Description
Add	Check this box if the action is to add new banking account data.
Change	Check this box if the action is to change banking account data already on file or to change company address or contact information.
Delete	Check this box if the action is to delete the ACH payer's unit number. Deleting the record will prevent its future use in the ACH payment authorization transaction.
Current ACH Payer Unit Number	The current ACH payer unit number for which the change or delete is requested.
Requested Effective Date	The date the change is to take place. Effective dates for changes should be at least two business days in the future.
Payer Company Name	The name of the company which relates to the bank account information being provided.
Payer Company Address	The city, state and ZIP code of the company which relates to the bank account information being provided.
Payer Contact Name	The name of the contact person for the related payer company name.
Payer Telephone/ FAX	The telephone and FAX number of the company responsible for the ACH payment.
Importer Number or 3-Digit Filer Code	The 12-position importer number or the 3-position filer code identifying the payer to which the ACH payer unit number will be assigned.

Data Element	Description
Bank Name	The name of the bank related to bank account information.
Address	The address of the bank related to the bank account information.
Telephone	The telephone number of the bank related to the bank account information.
ACH Bank Transit Routing Number	A 9-position number identifying the location of the bank where the bank account is located. This number is obtained from the bank. It is the responsibility of the payer to ensure that the information provided is correct.
ACH Bank Account Number	The bank account number which is to be used in the ACH payment process. This number is obtained from the bank. It is the responsibility of the payer to ensure that the information provided is correct.
Name of Customs Broker/Filer	The name of the Customs Broker/Filer the payer will use in the ACH payment authorization transmission. If payer uses more than one Customs Broker/Filer, provided the name of only one.
3-Digit Filer Code	The filer code of the related Customs Broker/Filer the payer will sue in the ACH payment authorization transmission.
Contact Name	The name of a contact person of the related Customs Broker/Filer name.
Telephone	The telephone number of the related Customs Broker/Filer contact name.
U.S. Customs ABI Client Representative of Customs Broker/Filer	The name of the ABI Client Representative of the related Customs Broker/Filer the payer will use in the ACH payment authorization transmission.
Name of Authorizing Company Official	The name of the company official who is authorized to release the information provided on the form.
Signature of Authorizing Company Official	A legible signature of the company official who is authorized to release the information on the form.

Data Element	Description
ACH Payer Unit Number	The six-digit ACH payer unit number assigned by U.S. Customs in "ADD" actions. This number will be used in the ACH payment authorization transmission to U.s. Customs.
Effective Date	Provided by Customs. The date the first ACH payment authorization may be transmitted to U.S. Customs by the payer's filer.