

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

**ACH 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)

Date: \_\_\_\_\_

Action to be Taken:     Add                       Change                       Delete

Current ACH Payer Unit Number: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_  
(Effective date should be at least 3 business days in the future)

Payer Company Name: \_\_\_\_\_

Payer Company Address: \_\_\_\_\_  
\_\_\_\_\_

Payer Contact Name: \_\_\_\_\_

Payer Email Address: \_\_\_\_\_

Payer Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
(Enter country code if applicable) (Enter country code if applicable)

Importer Number: (Include suffix) \_\_\_\_\_ OR 3 digit filer code: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_

**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 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.

Name of CBP Broker/Filer: \_\_\_\_\_ 3 digit filer code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

U.S. Customs and Border Protection  
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:  
Revenue Division Telephone: (317) 298-1200 Ext. 1098  
ACH Debit Applications FAX: (317) 298-1259  
6650 Telecom Drive, Suite 100 Email: [ACH-Customs@cbp.dhs.gov](mailto:ACH-Customs@cbp.dhs.gov)  
Indianapolis, IN 46278

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, 799 9th Street, NW., Washington DC 20229.