OMB No. 1651-0078 Exp. 10-31-2011

## 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 applica	ible)	(Enter country code if applicable)
Importer Number: (Include suffix)		OR 3 digit filer code:
Bank Name:	Α.	ddress:
Bank Telephone Number:		
Bank must be a National Automated Cle	aringhouse Assoc	iation (NACHA) participant.
ACH Bank Transit Routing Number		ACH Bank Account Number
accompany this application. The ACH payer will	be responsible for denitted and certified by	at written verification (obtained from your bank) be completed and efaults, which result from incomplete or erroneous account bank personnel. Please ensure that the bank transit routing and 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 Brok	xer/Filer:	
Name of Authorizing Company Office (Please type or print)	 cial	Signature of Authorizing Company Official
This application may be faxed, mailed or e-mailed	ed to the ACH Coordinate	nator at:
Revenue Division ACH Debit Applications	Teleph FAX:	one: (317) 298-1200 Ext. 1098 (317) 298-1259

Email:

6650 Telecom Drive, Suite 100

Indianapolis, IN 46278

CBP Form 400 (06/09)

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