

**ACH DEBIT APPLICATION**

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

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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 Telephone:      (\_\_\_\_) \_\_\_\_\_      FAX: (\_\_\_\_) \_\_\_\_\_

Importer Number:      \_\_\_\_\_      OR 3 digit filer code: \_\_\_\_

(Include suffix)

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

Bank 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, 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 Customs broker/Filer: \_\_\_\_\_      3 digit filer code: \_\_\_\_

Contact Name: \_\_\_\_\_      Telephone: (\_\_\_\_) \_\_\_\_\_

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:

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

(THIS SECTION TO BE COMPLETED BY THE CUSTOMS & BORDER PROTECTION) Form 400

ACH Payer Unit Number Assigned by Customs \_\_\_\_\_      Effective Date: \_\_\_\_\_

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