



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

OMB APPROVAL NO. 1651-0078  
EXPIRATION DATE 01/31/2021  
ESTIMATED BURDEN 5 MIN

**ACH DEBIT 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)

Add

Action to be Taken:  Change Effective Date: \_\_\_\_\_ Current Payer Unit Number: \_\_\_\_\_  
(Effective date should be at least 3 business days in the future)

Delete Effective Date: \_\_\_\_\_ Current Payer Unit Number: \_\_\_\_\_

**Payer Information**

Payer Importer Number **OR** 3 digit filer code: \_\_\_\_\_  
(Include Suffix)

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

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

Payer City, State Zip: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Name of Authorizing Company Official (Please type or print) Signature of Authorizing Company Official

**Banking Information**

**Bank must be a National Automated Clearinghouse Association (NACHA) participant.**

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

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.

**Broker/Filer Information**

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

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

ABI Representative of Customs Broker/Filer: \_\_\_\_\_

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: <a href="mailto:ACH-Customs@cbp.dhs.gov">ACH-Customs@cbp.dhs.gov</a>
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, 90 K Street, NE., Washington DC 20229.