



**OneCode ACS™ Contact Information**

Company Name		Doing Business As (DBA) Company Name	
Contact		Attention (Department/Division/Floor)	
Street Address		Apt./Ste. Number	Telephone Number <i>(Include area code)</i>
City	State	ZIP + 4® Code	Extension
Contact Email Address		Centralized Email Address	Fax Number <i>(Include area code)</i>

**OneCode ACS Billing Information**

Company Name		Taxpayer ID	
Contact		Attention (Department/Division/Floor)	
Street Address		Apt./Ste. Number	
City	State	ZIP + 4	
Telephone Number <i>(Include area code)</i>		Extension	
Fax Number <i>(Include area code)</i>		Billing Email Address	

**OneCode ACS Fulfillment**

- Daily
- Bi-monthly
- Bi-weekly
- Monthly
- Weekly

Data fulfillment for OneCode ACS is only provided via download from our secure web site. PS Form 1357-W (Web Access Request) must be completed and submitted with this application. The OneCode ACS application and PS Form 1357-W can be found at <http://ribbs.usps.gov/files/ACS>.

**OneCode ACS Mailpiece Return Address**

Street Address		Apt./Ste. Number	
City	State	ZIP + 4	

*Note: Providing the return address reflected on the mailpiece enhances our ability to return electronic information.*

Technical information and background regarding the Intelligent Mail® barcode, which is required to participate in OneCode ACS, is available at <http://ribbs/usps.gov/onecodesolution>.

**OneCode Ancillary Service**

<p><b>First-Class Mail:</b></p> <input type="checkbox"/> Change Service Requested <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Address Service Requested <input type="checkbox"/> Option1 <input type="checkbox"/> Option 2	<p><b>Standard Mail:</b></p> <input type="checkbox"/> Change Service Requested <input type="checkbox"/> Address Service Requested	<p><b>Periodical:</b></p> <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 6 <input type="checkbox"/> Address Service Requested
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**OneCode ACS Mailer ID Information**

<p>Please enter the <b>Mailpiece/Mailing List Name</b> for which you are requesting a Mailer ID, and provide your Confirm or PostalOne Mailer ID or ACS Participant Code, if you have one. You will receive your OneCode ACS Mailer ID within 10 days of receipt of your completed application.</p> <p><b>Mailpiece/Mailing List Name:</b></p> <p>Confirm or PostalOne Mailer ID:</p> <p>ACS Participant Code:</p>	<p><b>Mailer ID</b>  <i>(USPS® use only)</i></p>
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**Authorization**

<p>I hereby authorize the United States Postal Service® to provide change-of-address information for the mailpiece title(s) listed, under the prescribed terms and conditions of ACS.</p> <p>I understand that OneCode ACS is not a guaranteed service, and that unreadable barcodes could produce unintended results.</p>		<p>Complete this application and mail, email or fax to:</p> <p>ACS DEPT          NATIONAL CUSTOMER SUPPORT CENTER          UNITED STATES POSTAL SERVICE          6060 PRIMACY PKWY STE 201          MEMPHIS TN 38188-0001</p> <p>FAX: 901-821-6204          EMAIL: <a href="mailto:acs@usps.gov">acs@usps.gov</a>          PHONE: 877-640-0724</p>
Name <i>(Please print clearly)</i>	Title	
Signature	Date Signed	