



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

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

**OneCode ACS Fulfillment**

Data fulfillment for OneCode ACS is provided daily via download from our secure web site, providing that ACS transactions are available. PS Form 1357-W, *Web Access Request*, must be completed and submitted with this application. The PS Form 1357-W can be accessed at [http://www.usps.com/forms/\\_pdf/ps1357w.pdf](http://www.usps.com/forms/_pdf/ps1357w.pdf).

<b>OneCodeACS Mailpiece Return Address</b>		
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.*

Publication 8B, *OneCode ACS Technical Guide*, along with technical information and background regarding the Intelligent Mail® barcode, which is required to participate in OneCode ACS, is available at <http://www.usps.com/cpim/ftp/pubs/pub8b.pdf>.

<b>OneCode Ancillary Service</b>		
<b>First-Class Mail®</b> Change Service Requested <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 Address Service Requested <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2	<b>Standard Mail®</b> <input type="checkbox"/> Change Service Requested <input type="checkbox"/> Address Service Requested	<b>Periodical</b> <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

<b>OneCodeACS Mailer ID Information</b>	
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.	
Mailpiece/Mailing List Name	<b>Mailer ID</b> (USPS® use only)
Confirm or PostalOne Mailer ID	
ACS Participant Code	

<b>Authorization</b>	
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. I understand that OneCodeACS is not a guaranteed service. I also understand any unreadable and/or incorrect IM™ barcode information such as the Service Type and Mailer Identifier, in conjunction with the printed literal endorsement, if applicable, may produce unintended results that the USPS will not be held liable for.	
Name (Please print clearly)	Title
Signature	Date Signed

Complete this application and mail, email or fax to:  
 ACS Dept  
 National Customer Support Center  
 United States Postal Service  
 6060 Primacy Pkwy Ste 101  
 Memphis TN 38188-0001

FAX: 901-821-6204  
 Email: [acs@usps.gov](mailto:acs@usps.gov)  
 Telephone: 877-640-0724