

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

AUTOMATED CLEARINGHOUSE CREDIT ENROLLMENT

19 CFR 24.26

(This form will be used to maintain point of contact information)

Please type or print information

Mark one: New Enrollee Change of Information

Date: _____

Payer Company Name: _____

Payer Company Address: _____

Payer Contact Name(s): _____

Payer Email Address: _____

Payer Phone Number(s): _____ Fax: _____

Payer Identification Number: _____ Filer Code: _____
(Importer, Social Security or CBP Assigned Number) (3 Character Broker ID)

If your company uses multiple payer ID's or filer codes, provide the number/code that would be used most frequently in the ACH Credit process.

Name of Company Official

Signature of Company Official

The completed enrollment form should be faxed or mailed to:

U.S. Customs and Border Protection
Revenue Division
ACH Credit Applications
6650 Telecom Drive, Suite 100
Indianapolis, IN 46278

Telephone: (317) 298-1200 Ext. 1098
FAX: (317) 298-1259
E-mail: ACH-Customs@cbp.dhs.gov

You must initiate a prenote, non-dollar amount (\$0), with addendum record transaction and you must notify U.S. Customs and Border Protection (CBP) of the date of the prenote. Once prenote transaction has been completed then CBP will assign an effective date to begin using your account for live transactions.

TO BE COMPLETED BY U.S. CUSTOMS AND BORDER PROTECTION

Effective Date:	The effective date is the first date that the ACH Credit Payment may be originated.
_____ Name of CBP Official	_____ Signature of CBP Official