

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

ACH 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)

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 Email Address: _____

Payer Telephone: _____ FAX: _____
(Enter country code if applicable) (Enter country code if applicable)

Importer Number: (Include suffix) _____ OR 3 digit filer code: _____

Bank Name: _____ Address: _____

Bank Telephone Number: _____

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

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.

Name of CBP Broker/Filer: _____ 3 digit filer code: _____

Contact Name: _____ Telephone: _____

U.S. 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:

Revenue Division
ACH Debit Applications
6650 Telecom Drive, Suite 100
Indianapolis, IN 46278

Telephone: (317) 298-1200 Ext. 1098
FAX: (317) 298-1259

Email: ACH-Customs@cbp.dhs.gov

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, 799 9th Street, NW., Washington DC 20229.



FPA Customs Brokers, Inc.

.....continuing the tradition of personal service!

Fax to Accounts Receivable

718 276-3345

Email to Accounts Receivable

fpafinance@fpajfk.com

FPA Tel: 718-527-2280 ext:124

CHECK BY-FAX AUTHORIZATION

Date: _____

I, _____
(Print Name & Title)
of _____
(Company Name)

Give FPA CUSTOMS BROKERS, INC. (FPA) my permission to use our Company Check # _____ in order to debit my bank account in the amount of \$ _____ into FPA's "Check-By-Fax" program as described below:

Signature: _____ Date _____

Phone # _____ Ext. # _____

Based on your authorization, an FPA check draft will be produced as a replacement in lieu of the faxed copy of your check mentioned above. This check draft will be deposited, the same as if it was a check issued from your own account. The original check will remain with your office until the cancelled check draft is received by your office.

Your faxed check below is required as your authorization and agreement of the above. As usual, all bank information is kept confidential.

Please do not send FPA the original check.

ATTACH A CLEAR COPY OF YOUR CHECK AND REMITTANCE ADVICE TO THIS FORM.

152-31 134th Ave.
Jamaica, NY 11434
Telephone: 718 527-2280
Fax: 718 276-3345
www.fpajfk.com

20437 S. Western Ave.
Torrance, CA 90501
Telephone: 310 224-7990
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Certified C-TPAT Broker