

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