

**ACH APPLICATION**

DEPARTMENT OF THE TREASURY  
United States Customs and Border Protection

United States Customs Service Automated Clearinghouse Daily Statement Payment Program  
(This application will be used to communicate account information to Mellon Bank)

Date: \_\_\_\_\_

Action to be taken:     Add                                       Change                                       Delete

Current ACH Payer Unit Number: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_  
(Effective date should be at least 2 business days in the future)

Payer Company Name: \_\_\_\_\_

Payer Company Address: \_\_\_\_\_

Payer Contact Name: \_\_\_\_\_

Payer Telephone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Importer Number: \_\_\_\_\_ OR 3 digit filler code: \_\_\_\_\_

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Bank Name: \_\_\_\_\_

**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 accompanies 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 verify that the bank transit routing and account numbers on the ACH application and verification from your bank match before sending to the Accounting Services Division.

The payer unit number assigned for your ACH account is valid for any broker who files entries on your behalf. Please list one broker on the line below.

Name of Customs Broker/Filer: \_\_\_\_\_ 3 digit filer code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

U.S. Customs 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:

Delmar International Inc.  
John F. Kennedy Airport  
147-55 175th Street  
Jamaica, New York  
11434

Tel.: (718) 656-1900  
FAX: (718) 656-0360  
Email: [achcoordinator@delmarusa.com](mailto:achcoordinator@delmarusa.com)

