ACH DEBIT APPLICATION

U.S. Customs & Border Protection Automated Clearing house 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 Telephone: (____) _____ FAX: (____) _____

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

Bank Name: _____ Address: _____

Bank Telephone: (____) _____ _____

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 Customs broker/Filer: **MBC Brokers Inc** 3 digit filer code: **BED**

Contact Name: **John Hanson** Telephone: **310-727-3282**

Customs and Border Protection ABI Client Representative of Customs broker/Filer **Jennifer Engelbach**

_____ _____
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:

Customs and Border Protection
Revenue Division
ACH Debit 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

(THIS SECTION TO BE COMPLETED BY THE CUSTOMS & BORDER PROTECTION) Form 400

ACH Payer Unit Number Assigned by Customs __ __ __ __ __ __ Effective Date: _____

(Effective date is the first date ACH payment authorizations may be sent by Customs broker/Filer)