



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

OMB CONTROL NUMBER: 1651-0078
EXPIRATION DATE: 11/30/2024
Estimated Burden: 5 min

ACH DEBIT 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)

Request: ☐ Add ☐ Change ☐ Delete

Effective Date _____ Payer Unit Number _____

Effective Date _____ Payer Unit Number _____

Payer Information

ONLY the Importer Number/Tax ID OR the Self-File/Broker ID for the company applying for ACH Debit.

Importer Number/Tax ID: _____ -or- Self-File/Broker ID (3 digits): _____

Company Name: _____

Company Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

Name of Authorizing Company Official (type or print)

Signature of Authorizing Company Official

Banking Information

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

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

To ensure the accuracy of the account information, the bank routing number needs to be NINE digits long and start with either a 0, 1, 2 or 3. The ACH payer will be responsible for payment defaults, which result from incomplete or erroneous account information. Please ensure that the bank transit routing and account numbers are verified by your bank before submitting this form. The bank account number provided above will be enrolled as a business checking account unless otherwise stated.

Please email this form to ach-customs@cbp.dhs.gov. If you cannot email it, please mail it to:

U.S Customs and Border Protection
Revenue Division
ACH Debit Applications
8899 East 56th Street
Indianapolis, IN 46249

Telephone: (317) 298-1200 Ext. 1098
Fax: Contact ACH Team for instructions

Privacy Act Statement

AUTHORITY: CBP is authorized to collect the information requested on this form pursuant to 19 CFR §§ 24.25 and 24.26; and to collect Social Security numbers (SSN) under Executive Order (E.O.) 9397, as amended by E.O. 13478.

PURPOSE: CBP is requesting this information to allow the importer of record to make electronic payments for import related duties, taxes, fees, and interest, deferred tax payments, or bill payments, etc., through the Automated Clearinghouse (ACH) debit or credit process. ACH debit allows the filer to voluntarily select to authorize the Treasury-designated ACH processor to electronically debit the payer's bank account; ACH credit is an optional payment method that allows the payer to transmit statement processing payments through its financial institution, directly to the CBP account maintained by the Department of the Treasury.

ROUTINE USES: Consistent with DHS's information-sharing mission, the information requested on this form may be shared with other DHS Components to carry out national security, law enforcement, immigration, trade, or other homeland security functions. Information may also be shared with appropriate federal, state, local, tribal, territorial, foreign, or international government agencies. This sharing will assist DHS in exercising control over the customs financial transactions of import-related duties, taxes, fees, and interest associated with the movement of merchandise through international commerce. A complete list of the routine uses can be found in the system of records notice associated with this form, "DHS/CBP-001 Import Information System (IIS)." The Department's full list of system of records notices can be found on the Department's website at: <http://www.dhs.gov/system-records-notices-sorns>.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information to is voluntary. However, failure to provide this information may result in the inability for an importer to participate in ACH Debit or Credit payment programs to pay Duties taxes and Fees related to entry. An alternative for not participating in ACH is to have the importer work as a Non-ACE Portal Account holder and make all payments due through a broker, who is an ACE Portal Account holder. Brokers are able to place eligible entry summaries for activated non-portal accounts on a broker or importer statement. For further details, please see the Federal Register Notice (FRN), 70 FR 61466, published on October 24, 2005, announcing the establishment of non-portal accounts, as well as any other applicable FRNs, at the following link: <https://www.cbp.gov/trade/priority-issues/revenue/revenue-modernization>.

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, 90 K Street, NE., Washington DC 20002.

CONTENTS

1 PURPOSE 3

2 SCOPE 3

3 PROCEDURE 3 & 4

4 SUBMISSION 5

1. PURPOSE

1.1 These step-by-step instructions help the user complete and submit a CBP Form 400

2. SCOPE

2.1 This describes the roles, tools and activities involved in filing a CBP Form 400, which is used to enroll the user in CBP's ACH Debit Program. CBP's ACH Debit program is an electronic payment option allowing participants to efficiently pay CBP duties, taxes, and fees. Further details are available at CBP's ACH Debit page found at: <https://www.cbp.gov/trade/basic-import-export/automated-clearinghouse-ach> and <https://www.cbp.gov/trade/trade-community/automated/automated-systems/gs-automated-systems/ach/signing>

3. PROCEDURE

3.1 Before completing the CBP Form 400, review the following procedure, which is broken into the three sections listed on the CBP Form 400: Request, Payer Information, and Banking Information.

3.2 Request

Part 1: Request Section

ITEM	INPUT
Add	For Initial Enrollment: Select 'ADD' then complete the additional sections of the application.
Change	Update Existing Enrollment: Select 'CHANGE', include an 'EFFECTIVE DATE' from now to a future date, include your 'PUN' (Payer Unit Number). Changes are used to update the Payer and Banking sections.
Delete	Delete Enrollment: Select 'Delete', include an 'Effective Date' and your PUN. Requesting to delete your account will remove the use of this debit/PUN account for future ACH Debit payment authorizations.

3.3 Payer Information

Part 2: Payer Information Section

ITEM	INPUT
Importer Number/Tax ID	The 11 digit number registered with Customs/IRS. It usually is the 9 digit IRS business tax ID number plus a 2 digit suffix, for example: XX-XXXXXXX00. Typically, the final 2 digit suffix is used to identify a subsidiary company. If you are not a subsidiary company, your final 2 digits are likely '00'. Only use this OR Self-Filer/Broker ID, not both.
Self-Filer/Broker ID (3 digits)	The unique 3 character (alphabetic, numeric or alpha numeric) entry filer code assigned to all licensed brokers and self-filing importers filing CBP entries. Only use this OR Importer Number/Tax ID, not both.
Company Name	Name of company associated with the Importer Number/Tax ID or Self-Filer/Broker ID applying for ACH Debit.
Company Address	Address of company associated with the Importer Number/Tax ID or Self-Filer/Broker ID applying for ACH Debit.
City, State, & Zip	City, State & Zip Code of company associated with the Importer Number/Tax ID or Self-Filer/Broker ID applying.
Contact Name	The person(s) associated with the Importer Number/Tax ID or Self-Filer/Broker ID for the company applying. They will receive the PUN and also be contacted regarding any future issues with the ACH Debit Account.
Contact Email	Email of the person(s) listed as the contact on the application. This can also be a department shared email. This is how CBP will correspond with the person listed as contact regarding PUN receipt and any issues with the account.
Contact Phone Number	Phone number of the person(s) listed as the contact on the application. This can also be a department with an extension and/or a direct line.
Name of Authorizing Company Official	Company official or representative with the authority to submit the request for the requesting company.
Signature of Authorizing Company Official	Signature of the official authorizing the request. This can be signed by pen, Adobe secured signature, or computer signature.

3.4 Bank Information

Part 3: Bank Information Section

ITEM	INPUT
Bank Name	The bank being used for this purpose.
Bank Routing Number	MUST BE A 9 DIGIT US ACH BANKING ROUTING NUMBER, (beginning with 0, 1, 2, or 3) for use with the CBP ACH Debit Program. Obtain from the bank to confirm.
Bank Account Number	MUST BE A US BANK ACCOUNT NUMBER for use with the CBP ACH Debit Program. Obtain from the bank to confirm.

4. SUBMISSION

4.1 Submission will be accepted via email or mail. For the most efficient processing, please submit your completed application to: ach-customs@cbp.dhs.gov

Once the application is received, it is reviewed for basic errors. If a problem is found, the application will be rejected, and a notice will be sent to the parties listed on the provided email or the point of contact for any application received by mail. This will cause a delay in processing until we receive a corrected version. ADD applications can take up to 10 business days for processing, and CHANGE applications are processed within 3 days.

4.2 Once the account is established and a prenote is processed, the newly assigned PUN will be sent to the point of contact on the application. For CHANGE requests, a notice will be sent to the point of contact on the application stating the updated information has been processed. If the prenote fails, a follow up email will be sent to the contact listed on the account for both ADD and CHANGE requests. **PUNs will only be provided to the contact on the application.**