

MASTERFILE MAINTENANCE FORM

United States Customs Service
Automated Clearing House
Daily Statement Payment Program

(This form will be used to communicate account information to Mellon Bank)

Please indicate action to be taken by checking with an "X"

Add Change _____ Delete _____

Effective Date: _____

Payor's Company Name: _____

Payor's Company Location: _____

Bank Transit Routing Number: _____ Bank Account Number: _____

(A voided check can provide this bank information or contact you bank.)

Contact Name and Address for Payor:

Name

Payor's Company Name

Address

Telephone

Provide applicable filer
code or importer number
for payor: _____

Signature of Authorizing Company Official

Name of Authorizing Company Official
(Please type or print)

(To be completed by Customs) Company Number _____ Payor's Unit Number _____ Output Type: _____ (Assigned by USCS)