



# ACS™ Enrollment Form

All Fields Required

Account Owner:			
Company Name		Customer Registration ID (CRID)	ACS Account Number (if known)
Mailing Address		Contact	Attention
City	State	ZIP + 4® Code	Telephone Number and Extension
Contact Email Address		Fax Number	

Bill To:			
Company Name		CRID	Tax ID
Mailing Address		Contact	Attention
City	State	ZIP + 4 Code	Telephone Number and Extension
Contact Email Address		Fax Number	

Provide ACS Notices to: (Third-Party if not Account Owner)			
Company Name		CRID	EPF ACS Account Number (if known)
Mailing Address		Contact	Attention
City	State	ZIP + 4 Code	Telephone Number and Extension
Contact Email Address		Fax Number	

**By signing below, I affirm that I am an authorized officer or agent of the company, firm, or organization indicated in the Account Owner: Company Name (above), and that I possess all necessary legal authority to sign on behalf of the company, firm, or organization. I authorize the United States Postal Service® to release my ACS data to my third-party designee (as applicable).**

Name (Please Print)	Title
Signature	Date Signed

### EPF Data Fulfillment

ACS fulfillment is available daily via download from our secure Electronic Product Fulfillment (EPF) website, when ACS transactions are available. The **Electronic Product Fulfillment Web Access Request form must be completed and submitted with this application when applying for OneCode ACS, IMpb ACS, and Traditional ACS.** The form is available at <https://epf.usps.gov>.

I confirm that the EPF Access form has been submitted: \_\_\_\_\_  
*initial*

### Communications:

All ACS customers are required to provide a dedicated email address to receive communications regarding ACS and other postal products. If your company does not currently have a dedicated email address for this purpose, we request that you establish one, preferably using the following format: *ncscinfo@<yourcompany.com>*. All appropriate parties should be designated as users of this email account. It is the responsibility of your company to monitor and control dissemination of this information to your internal ACS decision makers.

Company Distribution Email Address: \_\_\_\_\_

**ACS Mailer Options (Select all that apply)**

- Traditional ACS — A seven alpha-character Participant ID (PID) will be assigned after submitting this ACS Enrollment Form.
- OneCode ACS® — Requires a Mailer ID (MID) obtained from the USPS® Business Customer Gateway<sup>1</sup>.
- Full Service ACS — Selection indicates the mailer is or will be a Full Service mailer requesting Full Service ACS. Full Service discounts and Full Service ACS require specific mailing and mail preparation using a Mailer ID (MID) obtained from the USPS Business Customer Gateway (see below). For more information go to <https://postalpro.usps.gov/aGuidetoFullService>.
- IMpb ACS - Requires a MID obtained from the USPS Business Customer Gateway<sup>1</sup> - allows parcel mailers utilizing IMpb to receive an electronic address correction.

<sup>1</sup> If you do not have a Mailer ID, you may request one through the USPS Business Customer Gateway at <https://gateway.usps.com/eAdmin/view/signin>. Local support from your Business Mail Entry Unit (BMEU) is available. The USPS BMEU locator tool can be found at <https://ribbs.usps.gov/locators/find-bme.cfm>. To connect with an MDA, call 1-855-593-6093 or send an email to [MDA@usps.gov](mailto:MDA@usps.gov).

**Alternative Fulfillment Method:**

- SingleSource ACS: Receive all Full Service ACS, OneCode ACS, IMpb ACS, and Traditional ACS notices in one fulfillment file.

**Optional Fulfillment Files:**

- Comma Separated Value (CSV) Format
- XML (XLS, Excel Friendly) Format

More information about all ACS products can be found in *Publication 8, ACS Product Information Guide* at <http://about.usps.com/publications/pub8.pdf>.

**Ancillary Service Endorsements**

**First-Class Mail®:** Change Service Requested (CSR) Opt 1 or 2  
**First-Class Mail:** Address Service Requested (ASR) Opt 1 or 2  
**First-Class Mail:** Return Service Requested (RSR) Opt 2  
**First-Class Mail:** Temp - Return Service Requested (TRSR) Opt 2

**Standard Mail®:** CSR Opt 1 or 2, ASR Opt 1 or 2, or RSR Opt 2  
**PKG SVS/ Parcel Select:** CSR, ASR, or RSR Opt 2  
**SPF/SPR:** CSR w/SPF, ASR Opt 1, 2, or 3

**Periodicals Follow-up Notice Options:**

- (2) 1st Notice after 60 days (no follow-up)
- (4) Immediate Notice (no follow-up)
- (5) Follow-up after 60 days
- (6) Follow-up after 120 Days

MID and/or Participant Code	Mailpiece Title/ List Name	First-Class Mail	Standard Mail	Periodicals	PKG SVS/ Parcel Select	Shipper Paid Forwarding	Keyline
Example: 999999999 BWXYZXX	Mailers Today Magazine	CSR2	ASR	Option 6	CSR	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Authorization**

I hereby affirm that I have read the ACS Technical Guide for my chosen ACS option. I authorize the United States Postal Service® to provide electronic change-of-address (COA) and undeliverable-as-addressed (Nixie) information for the mail that requests this service under the prescribed terms and conditions of ACS. I understand that ACS participants receive a monthly invoice. Payments must be submitted within 30 days of the invoice date. Invoices carrying outstanding balances more than 30 days old are charged an annual interest rate of 10 percent. Nonpayment of ACS invoices will result in discontinuance of electronic ACS options. I understand that ACS is an electronic enhancement to, and not a replacement of the manual address correction process. It is designed to reduce the volume of manual address corrections provided on properly-prepared ACS mail. I understand that ACS is not a guaranteed service. I also understand that any unreadable or incorrect ACS requirements that are applied to mail, such as: Service Type or Mailer ID in the Intelligent Mail® barcode, Intelligent Mail package barcode (IMpb), Participant ID, and keyline (if required); or printed ancillary service endorsement, may produce unintended results, and that additional postage or fees may be incurred. I understand that USPS is not liable for direct, indirect, special, incidental, consequential, or other similar damages arising out of use of, or inability to use ACS, OneCode ACS, Intelligent Mail barcode and/or IMpb technology.

Name (Please Print)	Title
Signature	Date Signed

**Send**

Send the completed and signed enrollment form by mail, email, or fax to:

ACS DEPARTMENT  
 NATIONAL CUSTOMER SUPPORT CENTER  
 UNITED STATES POSTAL SERVICE  
 225 N.HUMPHREYS BLVD STE 501  
 MEMPHIS TN 38188-1001

EMAIL: [acs@usps.gov](mailto:acs@usps.gov)

FAX: 901-821-6204

USPS Use Only	Comments
Keyline Attributes: Length: _____ Alpha: _____ Numeric: _____ Alpha/Numeric: _____ Check Digit: MOD10 ___ MOD10REV ___ MOD21 ___	
Fulfillment Schedule (Traditional ACS Only): _____	