



ACS™ Enrollment Form

Fields Required Denoted by *

Account Owner:

| | | | | |
|-------------------------|---------|-----------------|----------------------------------|-------------------------------|
| Company Name * | | | Customer Registration ID (CRID) | ACS Account Number (if known) |
| Mailing Address * | | | Contact * | |
| City * | State * | ZIP + 4® Code * | Telephone Number and Extension * | |
| Contact Email Address * | | | | |

Bill To:

| | | | | |
|-------------------------|---------|----------------|----------------------------------|----------|
| Company Name * | | | CRID | Tax ID * |
| Mailing Address * | | | Contact * | |
| City * | State * | ZIP + 4 Code * | Telephone Number and Extension * | |
| Contact Email Address * | | | | |

Provide ACS Notices to: (Only complete if a Third Party is downloading your data)

| | | | | |
|-------------------------------------|-------|--------------|--|-----------------------------------|
| 'Third Party' Company Name | | | 'Third Party' CRID | EPF ACS Account Number (if known) |
| 'Third Party' Mailing Address | | | 'Third Party' Contact | |
| 'Third Party' City | State | ZIP + 4 Code | 'Third Party' Telephone Number and Extension | |
| 'Third Party' Contact Email Address | | | | |

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 SingleSource ACS™, OneCode ACS®, IMpb ACS™, and Traditional ACS™.

I confirm that the EPF Access form has been submitted: _____ * (Required for all EPF ACS distribution above)
Initials

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 _____ * (Required)

ACS Mailer Options (Select all that apply)

- ☐ SingleSource ACS™ — Receive all Full Service ACS, OneCode ACS®, IMpb ACS™, and Traditional ACS™ notices in one fulfillment file.
- ☐ 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 USPS® Business Customer Gateway¹.
- ☐ IMpb ACS™ — Requires a MID obtained from the USPS Business Customer Gateway¹ - allows parcel mailers utilizing IMpb to receive an electronic address correction.
- ☐ 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 Gateway¹ (see below). For more information go to [Publication 685 - Publication for Streamlined Mail Acceptance for Letters and Flats](#)
NOTE: If you want to retrieve your records via EPF, you will also need to select [SingleSource ACS™](#).

This form is not required to register for Full Service ACS with records only being provided through the [USPS® Business Customer Gateway](#). If you select Full Service ACS on this form, you will automatically be considered a SingleSource ACS™ customer.

¹ If you do not have a Mailer ID, you may request one through the [USPS® Business Customer Gateway](#). Local support is available from your [Business Mail Entry Unit \(BMEU\)](#). To connect with a Mailpiece Design Analyst (MDA), call 1-855-593-6093 or send an email to MDA@usps.com

Optional Fulfillment files (In addition to regular 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 [Publication 8, ACS™ Product Information Guide](#)

Ancillary Service Endorsements Information REQUIRED for Traditional ACS™ and IMpb ACS™ (NOT REQUIRED for Periodicals)

First-Class Mail®: Change Service Requested (CSR) Opt 1 and 2 **USPS Marketing Mail®: CRS Opt 1 or 2, ASR Opt 1 or 2, or RSR Opt 2**
First-Class Mail®: Address Service Requested (ASR) Opt 1 or 2 **PKG SVS/ Parcel Select: CSR, ASR, or RSR Opt 2**
First-Class Mail®: Return Service Requested (RSR) Opt 2 **SPF/SPR: CSR w/SPF, ASR Opt 1, 2, or 3**
First-Class Mail®: Temp-Return Service Requested (TRS) Opt 2
Periodicals Follow-up Notice Options: If mailing Periodicals with any type of ACS, you must select one of the four options below.

(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® | USPS Marketing Mail® | Periodicals | PKG SVS/ Parcel Select | Shipper Paid Forwarding (For Traditional ACS™ ONLY) | 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"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

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

Please send the completed and signed enrollment form by mail or email to acs@usps.gov

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

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