UNITED STATES POSTAL SERVICE®

PS Form 3573 Instructions

National Customer Support Center

ACS™ Application — OneCode ACS

OneCode ACS™ Contact Information

Company Name		Doing Business As (DBA) Company Name	
Contact		Attention (Department/Division/Floor)	
Street Address		Apt./Ste. Number	Telephone Number *(Include area code)*
City	State	ZIP + 4® Code	Extension
Contact Email Address	Centralized Email Address		Fax Number *(Include area code)*

OneCode ACS Billing Information

Company Name		Taxpayer ID
Contact		Attention (Department/Division/Floor)
Street Address		Apt./Ste. Number
City	State	ZIP + 4
Telephone Number *(Include area code)*	Extension	
Fax Number *(Include area code)*	Billing Email Address	

OneCode ACS Mailpiece Return Address

Street Address		Apt./Ste. Number
City	State	ZIP + 4

Note: Providing the return address reflected on the mailpiece enhances our ability to return electronic information.

OneCode ACS Fulfillment

- ☐ Daily
- ☐ Bi-monthly
- ☐ Bi-weekly
- ☐ Monthly
- ☐ Weekly

Data fulfillment for OneCode ACS is only provided via download from our secure web site. PS Form 1357-W (Web Access Request) must be completed and submitted with this application. The OneCode ACS application and PS Form 1357-W can be found at http://ribbs.usps.gov/files/ACS.

Technical information and background regarding the Intelligent Mail® barcode, which is required to participate in OneCode ACS, is available at http://ribbs.usps.gov/onecodesolution.

OneCode Ancillary Service

First-Class Mail: ☐
- ☐ Change Service Requested
  - ☐ Option 1 ☐ Option 2
- ☐ Address Service Requested
  - ☐ Option1 ☐ Option 2

Standard Mail: ☐
- ☐ Change Service Requested
- ☐ Address Service Requested

Periodical: ☐
- ☐ Option 1
- ☐ Option 2
- ☐ Option 3
- ☐ Option 4
- ☐ Option 5
- ☐ Option 6
- ☐ Address Service Requested

OneCode ACS Mailer ID Information

Please enter the **Mailpiece/Mailing List Name** for which you are requesting a Mailer ID, and provide your Confirm or PostalOne Mailer ID or ACS Participant Code, if you have one. You will receive your OneCode ACS Mailer ID within 10 days of receipt of your completed application.	**Mailer ID** *(USPS® use only)*
Mailpiece/Mailing List Name:	
Confirm or PostalOne Mailer ID:	
ACS Participant Code:	

Authorization

I hereby authorize the United States Postal Service® to provide change-of-address information for the mailpiece title(s) listed, under the prescribed terms and conditions of ACS.

I understand that OneCode ACS is not a guaranteed service, and that unreadable barcodes could produce unintended results.

Name *(Please print clearly)*	Title
Signature	Date Signed

Complete this application and mail, email or fax to:

ACS DEPT
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 201
MEMPHIS TN 38188-0001

FAX: 901-821-6204
EMAIL: acs@usps.gov
PHONE:877-640-0724

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