



Accredited ACH Professional (AAP) Continuing Education Credit Reporting Form



Report Your Education Credits online at: www.nacha.org/file-CECs-online

Membership Discount Code (MDC): _____

*The Member Discount Code (MDC) ensures that members of Regional Payments Associations receive the benefit of member pricing. You must indicate an MDC code for the current year to register at a member rate. Please contact your Regional Payments Association for more information.

Name: _____

Title: _____

Institution: _____

Address: _____ **City, State, Zip:** _____

Phone: _____ **Email:** _____

ALL FIELDS MUST BE COMPLETED

Activity Date (mm/dd/yy)	Activity Title	Activity Sponsor	ACH Topic Area (i.e., Data Security, ACH Origination)	AAP Continuing Education Category (i.e., Seminar, Volunteer Service)	# of Credits

Total Credits Submitted



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Fee Enclosed:

\$ _____ : \$95/Reporting Year 2016 [MEMBER] | \$165/Reporting Year 2016 [NONMEMBER]

\$ _____ : Late Filing Fee – Additional \$50 (April 1 – April 30)

\$ _____ : Total Fee

<p>1. Payment by ACH Credit</p> <p>ACH /Online Banking</p> <p>UPIC RTN # 021052053, ACCT # 59058945</p> <p>Company Entry Description: AAPCONTED, Last Name, First Initial of Registrant</p> <p>Date of Credit: ____ / ____ / ____</p>
<p>2. Credit Card**</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express</p> <p>Acct #: _____ Exp. Date: _____ 3-4 Digit Security Code: _____</p> <p>Name on Card: _____ Signature: _____</p> <p>Billing Address: _____</p>
<p>3. Check**</p> <p>Enclosed is a check (made payable to NACHA) for \$ _____</p> <p>Checks will be accepted only if written on U.S. dollar accounts drawn on U.S. banks.</p>
<p>4. International Payments</p> <p>For international payment, request information at account@nacha.org (include "International Payment" in the subject line of the email) or call +1 703-561-1100 and ask for the accounting department. Fax completed registration form to +1 703-713-1641 (secure fax line).</p>

By signing this AAP Continuing Education Credit Reporting Form, I attest that this information contained is true, accurate, and that the credits reported were for activities which addressed ACH and related payments issues as defined by the AAP Program Policies.

Signature: _____ Date: _____

Please note remit address and update your records.

**Please forward this form with CHECK or CREDIT CARD payment to:

NACHA, 2550 Wasser Terrace, Ste. 400, Herndon, VA 20171 Phone: (703) 561-1100; Fax: (703) 713-1641

Deadline for receipt of 2016 credits by NACHA – March 31, 2017

Deadline for receipt of late filing of 2016 credits by NACHA – April 30, 2017

Note: If you passed the AAP exam in October of 2016, you are not eligible to file credits for 2016. You will be eligible to start earning continuing education credits on January 1, 2017.