





**Accredited ACH Professional (AAP)  
Continuing Education Credit  
Reporting Form**



**Fee Enclosed:**

\$ \_\_\_\_\_ : \$95/Reporting Year 2018 [MEMBER] | \$165/Reporting Year 2018 [NON-MEMBER]

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

\$ \_\_\_\_\_ : Total Fee

**1. Payment by ACH Credit**

ACH /Online Banking  
UPIC RTN # 021052053, ACCT # 59058945  
Company Entry Description:  
AAPCONTED,  
Last Name, First Initial of Registrant  
Date of Credit: \_\_/\_\_/\_\_

**2. Credit Card\*\***

Visa     MasterCard     Discover     American Express

Acct #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-4 Digit Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**3. Check\*\***

Enclosed is a check (made payable to NACHA) for \$ \_\_\_\_\_

Checks will be accepted only if written on U.S. dollar accounts drawn on U.S. banks.

**4. International Payments**

For international payment, request information at [account@nacha.org](mailto: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).

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 2018 credits by NACHA – March 31, 2019**

**Deadline for receipt of late filing of 2018 credits by NACHA – April 30, 2019**