

**ACCREDITED ACH PROFESSIONAL (AAP)
CONTINUING EDUCATION CREDIT
REPORTING FORM**

Name: _____
 Title: _____
 Institution: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

Check box if address change.

Fee Enclosed:

\$ _____ \$75/reporting year 2009 [member] \$135/reporting year 2009 [non-member]
 \$ _____ Late Filing Fee – additional \$50.00 (April 1 – April 30)

Total Fee: \$ _____

To receive member rates, specify Regional Payments Association or NACHA Affiliation: _____

Method of Payment: Check** Credit Card** ACH Credit

Credit Card: (Please circle) Visa MasterCard American Express Diners Club Discover

Account Number: _____ 3-4 Digit Security Code: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Billing Address: _____

ACH Credit Effective Entry Date: _____ ACH Network Routing #: 021052053; NACHA Account #: 59058945. Use CCD format. Include in Company/Batch Header Record: (1) Name of company in "Company Name" field. (2) Last name and first initial of registrant in "Company Discretionary Data" field. (3) "AAPCONTED" in the "Company Entry Description" field.

ALL FIELDS MUST BE COMPLETED

Activity Date e.g. (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)	Number of Credits

TOTAL CREDITS SUBMITTED:

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 forward this form with CHECK or CREDIT CARD payment to:
 NACHA, 13450 Sunrise Valley Dr., Ste. 100, Herndon, VA 20171
 Phone: (703) 561-1100; Fax: (703) 713-1641

Deadline for receipt of 2009 credits by NACHA – March 31, 2010
Deadline for receipt of late filing of 2009 credits by NACHA – April 30, 2010