Accredited Payments Risk Professional
(APRP) Continuing Education Credit
Reporting Form

Name: _____

Title:_____

Institution: _____

Address:_____ City, State, Zip:_____

Phone:_____ Email: _____

Activity Date	Activity Title	Activity Sponsor (optional)	Number of Credits
		Total Credits Submitted	

Accredited Payments Risk Professional (APRP) Continuing Education Credit Reporting Form

Fee Enclosed:

$_____: $110/Member, $185/Nonmember – Reporting Year 2025

$_____: Late Filig Fee – Additional $50 (April 1-30) $_____:

Total Fee

Payment Remittance:

ACH/EFT *Preferred* (non-wire, Domestic)	Online/Phone	Check	Wire (International)
M&T Bank UPIC Rtn: 021052053 UPIC Acct: 59058945	Login: nacha.org – or Call: 703-561-1100 All major credit cards accepted	Nacha Attn: Accounting 11951 Freedom Dr Ste. 1001 Reston, VA 20190	Call: 703-561-3954 for instructions

By signing this APRP Continuing Education Credit Reporting Form, I attest that the information contained is true and accurate, and that the credits reported were for activities that addressed Risk-related issues as defined by the APRP Continuing Education Guidelines.

Signature: _____ Date: _____

Please note the remit address and update your records.

Nacha

11951 Freedom Dr., Ste. 1001, Reston, VA 20190

The deadline for receipt of 2025 credits by Nacha is March 31, 2026.

The deadline for the receipt of late filing of 2025 credits by Nacha is April 30, 2026.