

# GROUP ADVANCE REGISTRATION FORM



Registration must occur between April 23-September 1, 2017 in order to receive the special rates. No extensions will be granted.

## GROUP CONTACT

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you a member of an RPA? Please provide your Member Discount Code (MDC) \_\_\_\_\_

## REGISTRATION FEES

- |   |   |
|---|---|
| <input type="checkbox"/> Accredited ACH Professional (AAP): \$1,425               | Total Number of AAPs _____              |
| <input type="checkbox"/> Direct Member/RPA: \$1,450                               | Total Number of Direct Member/RPA _____ |
| <input type="checkbox"/> Member/U.S. Federal or International Government: \$1,595 | Total Number Member/Govt. _____         |

## PAYMENT INFORMATION

### Direct Deposit via ACH (ACH Credit)/Online Banking

UPIC RTN # 021052053, ACCT # 59058945  
Company Entry Description: **AN18, Last Name, First Initial of Registrant**  
Date of Credit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Refer to section "4 Ways to Register" and mail or fax your form to NACHA.

### Direct Payment via ACH (ACH Debit)

Please debit our account on the next monthly cycle. **M/Y** \_\_\_\_ / \_\_\_\_

### Credit Card: (also accepted at <https://payments.nacha.org>)

Please charge \$ \_\_\_\_\_ to my:  
 Visa     MasterCard     Discover     American Express  
Acct # \_\_\_\_\_  
Exp. Date: \_\_\_\_ / \_\_\_\_ 3-4 Digit Security Code \_\_\_\_\_  
Signature \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Billing Address of CC \_\_\_\_\_  
Signature \_\_\_\_\_

**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. financial institutions. Refer to section "4 Ways to Register" and mail or fax your form to NACHA.

## 4 WAYS TO REGISTER

- 1 ONLINE:** <http://payments.nacha.org>
- 2 PHONE:** 800-487-9180 or +1 703-561-1100
- 3 FAX:** +1 703-713-1641 (secure fax line)
- 4 MAIL:** Return registration with payment (U.S. currency only) to:  
  
NACHA  
Attn: Accounting Department  
2550 Wasser Terrace, Suite 400  
Herndon, VA 20171 USA

## CANCELLATION POLICY:

Cancellation requests will not be accepted via telephone and must be submitted in writing via email to [meetings@nacha.org](mailto:meetings@nacha.org) or fax to 703-713-1641. Refunds will be processed for the amount paid minus a \$200 processing fee if the request is received by March 2, 2018. NO REFUNDS will be granted after March 2, 2018. Please ensure that you are registered at the proper rate and type (i.e. Member/Nonmember, etc.). No refunds for rate adjustments, due to improper selection of registration type, will be made after April 13, 2018.