



Designation Renewal Application 2-Year Term Trainer Specialist (TS)

ACA Member Services—Phone: 800-269-1607 Secure Fax: 952-926-1624
3200 Courthouse Ln, Eagan, MN 55121-1585 E-mail: memberservices@acainternational.org

APPLICANT CONTACT INFORMATION: The assignment and submission instructions will be delivered via e-mail to the applicant.

APPLICANT Name and ACA ID#: _____	
APPLICANT Email: _____	APPLICANT Phone: _____
COMPANY Name and ACA ID#: _____	
COMPANY Mailing Address: _____	

REQUIREMENTS: This is an ACA members-only designation.

Hold a current and active Professional Collection Specialist (PCS) designation.

Earn 4 Professional Development Unit (PDU) points by participating in ACA Education opportunities. List events and dates completed:

Date of last PCS renewal. Access your ACA ID # and Education Transcript by logging into www.acainternational.org

SUBMIT PAYMENT HERE: ACA will process payment, verify requirements, and update designation term in the Education Transcript.

Submit Fee:

The ACA Training Zone cannot be used to pay for tests.

TS Designation Renewal Fee: \$69.00

Physical Check: payable to ACA International

Please do not email credit card data. Phone in or send a secure fax.

Credit Card Information:

Please note a 3% non-refundable fee will be added to credit card payments (“surcharge”), which is not greater than our cost of acceptance. To avoid the surcharge, you may pay via ACH or check. Applicable law prohibits us from applying the surcharge to debit cards and transactions for companies based in CO, CT, MA, ME, NY, or outside of the United States.

Visa

 Mastercard

 American Express

Credit Card #: _____ Exp: _____ CVC: _____

Name on Card: _____

Signature: _____

ACH Payments Authorized by



ACH Authorization:

Bank Routing Number: _____ Bank Account Number: _____

Type of Account: Checking Savings

Signature to authorize direct transfer: _____