

# TRANSFER/SUBSTITUTION FORM

## 1. ORIGINAL ORDER INFORMATION: (please print)

APA ID (if known): \_\_\_\_\_

Name: \_\_\_\_\_

Course/Product Code: \_\_\_\_\_

Location (if applicable): \_\_\_\_\_

Order # (if known): \_\_\_\_\_

Check one:

- Substitution (Original Participant Unable to Attend)
- Transfer to Materials Only
- Transfer to Another Publication and Return Original Order
- Transfer to Another Course/Product/Location

**Please note:** Applicable fees, taxes, and cost differences will be charged for each option, per our policies.

**Must be checked for processing:**

- I have read and understand the policies found at [bit.ly/APA-policies](http://bit.ly/APA-policies).

## 2. TRANSFER/SUBSTITUTION INFORMATION: (please print)

**Transfer/Substitute to:**

Course/Product Code: \_\_\_\_\_

Location: \_\_\_\_\_

Or

Publication/Product Code: \_\_\_\_\_

**Please complete below if different from original purchaser:**

Substitute/Transfer to APA ID: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip +4-Digit Postal Code: \_\_\_\_\_ + \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Area/Country Code) (Area/Country Code)

Email: \_\_\_\_\_

(For official APA communications)

## 3. PAYMENT INFORMATION:

If paying by **CREDIT CARD** using this form, fax to (210) 224-6038 or email to [cancellations@americanpayroll.org](mailto:cancellations@americanpayroll.org).

I authorize the API Fund for Payroll Education, Inc. to charge my:

American Express       Discover       Mastercard       Visa

Card is: (check one):  Corporate       Personal

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

If paying by **CHECK**, send this form and make all checks payable to:

API Fund for Payroll Education, Inc.  
c/o American Payroll Association  
660 N. Main Ave, Ste. 100  
San Antonio, TX 78205-1217

If the transfer/substitution creates a credit on your account, please indicate if you would like to:

leave as credit on account       have refund issued to original form of payment (if eligible)

For Office Use Only:

Sent By: \_\_\_\_\_ Sent Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Received Date: \_\_\_\_\_

Credit on APA Account       Refund

Order ID: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Type \_\_\_\_\_ C/P: \_\_\_\_\_ Last 4 CC#: \_\_\_\_\_ Exp: \_\_\_\_\_ Total \$: \_\_\_\_\_