



Certification of ACH Audit Completion

I certify that we have completed the ACH annual audit in compliance with *ACH Operating Rules, Appendix VIII, "Rules Compliance Audit Requirement."*

Financial Institution: _____

Name: _____

Transit/Routing Number: _____

Address (No PO Boxes): _____

City/State/Zip: _____

Telephone: _____

Fax: _____

Email: _____

Signature: _____

Date: _____

Fax or Mail Signed Certificate to:

Western Payments Alliance

685 Market Street, Suite 540

San Francisco, CA 94105

(415) 433-1230 ~ Fax: (415) 433-1370

Email: info@wespay.org