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Center for Financial Certifications

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Counseling Skills and Techniques

an approved CEU program offered by the Center for Financial Certifications

Applicant Name: _____
First Middle Initial Last

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ Contact Email: _____

Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Ext: _____ Fax:(_____) _____

Address at which Applicant will receive manual: ☐ Home ☐ Work

Fee: $50

Payment Method:

☐ Visa (debit/credit) ☐ Mastercard (credit/debit) ☐ Discover (credit/debit) ☐ Check

Name as it appears on card: _____

Card Number (16 digits): _____

Card Verification ID (3 digits): _____ Expiration date: _____

Address Verification (address on account, required by Financial Institution for both cards and ACH/EFT):

Street: _____

City: _____ State: _____ ZIP: _____

Check Routing Number: _____ Check Number: _____

Check Account Number: _____

By signing below, I authorize the Center for Financial Certifications to collect fees in the amount of $50 from me using the method identified above.

_____ _____
Authorized Signature Date