



PO Box 1842, Portland, ME 04104  
 207-221-3615  
 fax: 207-221-3691

**Certified Personal Finance Counselor™  
 (CPFC™) Enrollment Form**

**PLEASE TYPE or PRINT NEATLY**

Form must be signed regardless of fee collection method  
**FAX TO 207-221-3691** (no coversheet required)

Name of Applicant: \_\_\_\_\_

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

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

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Contact Email: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

How Did You Hear About the Center For Financial Certifications?

Exam Fees (includes enrollment and study materials)

For Profit employee: \$350.00

Non Profit employee: \$295.00

Government employee: \$295.00

Fee Collection Method:		
Select One:	_____ Visa(debit/credit)	_____ Mastercard(debit/credit)
	_____ American Express	_____ Discover(debit/credit)
		_____ Check
Name as it appears on card: _____		
Card Number(16 digits): _____		Expiration Date: _____ / _____
Card Verification ID(3 Digits): _____		
Address Verification(address on account, required by Financial Institution for both cards and ACH/EFT):		
Street: _____		
City: _____	State: _____	Zip Code: _____
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 \$ _____ from me using the method identified above.		
Authorized Signature _____		Date _____

FORM MUST BE SIGNED REGARDLESS OF FEE COLLECTION METHOD