



Accredited Credit Counselor®

AICCCA Group Enrollment Form

Date: _____

Name: _____

Employer: _____

Job Title: _____

Work Address: _____

City: _____

State: _____ **Zip:** _____

Work Phone: _____

Fax: _____

E-Mail: _____

Home Address: _____

City: _____

State: _____ **Zip:** _____

Home Phone: _____

Contact you at home at work

Highest Education Level Completed:

High school diploma

Community or technical degree

BS or BA degree

MS or MA degree

Ph.D. Degree

Professional Designations Held (in good standing):

CFCS ChFC

CFP CLU

CPA CEBS

Other _____

Current Employer:

Fees		
Enrollment	\$50	\$ _____
ACC Course	\$225	\$ _____
(non U.S. zip code)	\$35	\$ _____
TOTAL ENCLOSED		\$ _____

Substitution Policy

An enrollee substitution may be made under the following conditions.

1. A **Substitution Request Form** must be filed within six months of the original enrollee's enrollment date.
2. An **Exam Request Form** has not been submitted for the original enrollee.
3. Only **one** substitution is allowed for an original enrollee.
4. The substitute enrollee is responsible for obtaining the study materials from the original enrollee.

Payment Information

Visa MasterCard American Express Check # _____

Card Number: _____ **Exp. Date:** _____

Name on Card: _____

Signature: _____

Mail: AFCPE, 1500 W. Third Ave., Ste. 223, Columbus, OH 43212 **Fax:** 614-485-9621

