

In-Bank Course Registration Form

Pennsylvania Bankers Association

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Last 4 Digits of Social Security: _____ Name: (include middle initial) Job Title: _____ Bank Name: Mailing Address: _____ City: _____ State: ____ Zip: _____ Email: ______ Daytime Phone: _____ ☐ Home If home, complete information below: Send materials to:

Business Home Mailing Address: [no P.O. Box] City: _____ State: ____ Zip: ____ Course Name: _____ Start Date: _____ **PAYMENT POLICY** PA Bankers accepts checks (payable to PA Bankers Association), VISA or MasterCard. Payment must accompany the request form. Forms submitted without proper payment will not be processed. WITHDRAWAL POLICY Withdrawals must be submitted on the PA Bankers Withdrawal Form. A \$30 withdrawal fee will be assessed for any withdrawal prior to the start of class - student is responsible for cost of text, tax and withdrawal fee. Withdrawals after the start of class student is responsible for 50 percent of tuition, cost of text, tax and withdrawal fee. No refunds for textbooks. This registration is non-transferable. Student's signature: (Your signature above permits release of your grade and attendance record to your bank and PA Bankers. It also indicates you have read and understand the payment and withdrawal policies.) Bank Supervisor's approval: (The submission of this application has been approved by the bank and signed by an executive authorized by the bank.) Credit card payment: VISA or MasterCard only Name on card: _____ Credit card number: _____ Exp. Date: _____

For internal use only: Date: _____ Check #: _____ Amount: \$____