



Online Course Registration Form

For accurate price information, please visit
www.pabankers.com.

Pennsylvania Bankers Association
Attn: Jackie Catalano
3897 N. Front St.
Harrisburg, PA 17110
Tel: (717) 255-6939
Fax: (717) 233-1477
jcatalano@pabankers.com

Name: _____ Last 4 Digits
(include middle initial) of Social Security: _____

Job Title: _____

Bank Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Daytime Phone: _____

First Time Student? Yes No If no, last semester attended: _____

Send materials to: Business Home If home, complete information below:

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. Registration deadline is 10 business days prior to class start date. Registrations will be accepted up until five (5) business days prior to class start date; however, the student will incur a \$20 late registration fee.

TUITION POLICY

Prospective students should consult their bank's representative or human resource/personnel/training department for specific policies regarding tuition and textbook payments. Tuition for each course is stated on the PA Banker website – www.pabankers.com

WITHDRAWAL POLICY

Withdrawals must be submitted on the PA Bankers Withdrawal Form. A \$100 withdrawal fee will be assessed for any withdrawal prior to the start of class or within the first five (5) business days of the class. There is no refund for withdrawals received more than five (5) business days after the start of class. Textbooks must be returned.

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: \$ _____