



REGISTRATION FORM

Last Name _____ First Name _____

E-Mail _____ Phone _____ Fax _____

Mailing Address _____ Social Security Number _____

City _____ State _____ Zip Code _____

Special assistance needed: _____

Comments/Questions: _____

Registration Information

Upon enrollment , participants will become eligible for Carolina Collegiate Federal Credit Union membership and upon successful completion will receive a Certificate from the University of South Carolina.

Modules and Lessons

Registration Fee

- Checks and Checking Concepts
- Choosing an Account, Endorsing Checks
- Helpful Hints for Writing Checks
- Using Your Checkbook Register
- Balancing Your Account,
- On-Line Banking

\$8.00

Payment *Please indicate your payment type below. Checks/money orders should be made payable to CCFCU.*

Payment Method Visa MasterCard Discover Check

Name on Card _____ Amount to Pay \$ _____

Card Number _____ Expiration _____

Cardholder Signature _____ Date _____

Submit Registration

If payment is by credit card, your registration may be faxed or mailed.

If payment is by check, please make payable to CCFCU; your registration must be mailed.

Carolina Collegiate Federal Credit Union
4480 Rosewood Drive
Columbia, SC 29209
(803) 227-5555
Fax (803) 227-5567
e-mail: carolina@carolina.org



university of south carolina
Continuing Education
courses for life

Cancellation. Payment is non-refundable. Personal checks returned due to insufficient funds are returned to sender with registration form.

AEC Office Use Only
ENR _____ MTH _____ \$ _____ APRVL _____ A _____ RFDDate _____