CFR	RCARD	
1. Google "cfr card login" or type in https://www.cfrcard.org/login.aspx	4. Enter all information in the required field, then select "NEXT"	
<b>Community</b> FINANCIAL RESOURCES	<b>Community</b> Financial resources	
Sign In If you are authorized to use this system, please Sign In. <u>Click here for our Frequently Asked Questions.</u>	Home         Enroll         Search         Profile           Carefully Enter the Information Requested         Step 1: Contact Information         Please complete each section of the enrollment wizard carefully to ensure accuracy.           Fields with a t-indicator are required         Step 1: Contact Information         Step 1: Contact Information	
Password	Requested By: Accounting Aid Society Michigan: AAS Southwest NTC	
Sign In	Card Type*: CFR VITA  Name	
2. Once you are at the website, enter your login information and you will be redirected to the homepage. Select "Enroll"	First Name*: * 15 Character Limit Last Name*: * 15 Character Limit Applicant Residence/Physical Address (no PO Boxes)	
Home Enroll Search Profile Welcome to CFR Card	Address*:       *         (line 2):       *         City*:       *       Min: 2, Max: 50	
Welcome to the CFR Card online enrolment web site. Please contact us at aupport@cfrcard.org if you need any assistance.  Enrollments Being Processed The following list of enrollments have been received by CFR Card.	State*:         Michigan         Image: Comparison of the state of t	
3. Once in Enroll account page, select card type "CER VITA"	Mail-to Address Note: provide mail-to address only if different from physical residence address. Address:	
House         Marante         Points           Charafully Enter the Information Requested            Object 1: Context Information            Press surgers and sectors of the context	(line 2):	
Court Type"	Home Phone*:       999 999-9999         Work Phone:       999 999-9999         Cell Phone:       999 999-9999         Email       999 999-9999         Primary Email*:       name@domain.com         Alternate Email:       name@domain.com	

5. Enter SSN and Date of Birth, then select NEXT:		
	,	Social Security Number Note: Text is Dividen by Bold by Solid for added or long
		SOM: Date of the Print P
		(again)*: crick to view or exit
		Date of Birth*: MM/DD/YYYY
		Previous Next
6 Print this pa	as and have the client review this	7 The part page will have the account and routing. The
Dago Onco "fi	inished" has been selected we cannot	routing number will always begin with 071004200. The
page. Once in	inished has been selected, we cannot	routing number will be a 12 digit number
change anythi	ny.	
	u <b>nity</b> sources	Home Enroll Search Profile
Home Enroll Sea	rch Profile	Enrollment Request Confirmed
Carefully F	Review the Information Requested	Your annihment request has been received. You can monitor the annihment request
	Step 3: Review	over time using the enrollment confirmation code provided below.
Requested By*:	Accounting Aid Society Michigan: AAS Southwest NTC	Confirmation Details
Card Type*:	CFR VITA	Commution Details
First Name*:	NHOL	Enrollment Confirmation Number: XXXXXXX
Applicant Residence/Phy	ysical Address	Enrollment Name: Client Name
Address*:	123 MAIN ST	Card Turner CED VITA
(line 2): Citv*:	DETROIT	
State*:	Michigan	Date Entered: 9/1//2021 at 11:26 AWI Pacific Time
Zip*:	48201	Result of Request: Iransaction successful
Mail-to Address		Card ID: XXXXXXXX
Address:		Customer ID: XXXXXXXXX
(line 2): City:		Routing Number: 071004200
State:		Pay to Number: (Account Number) XXXXXXXXXXXXXX
Zip:		
Zip Plus 4: Phone		
Home Phone*:	313 222-2222	
Work Phone:		
Cell Phone:		
Phone	242.000.0000	
Home Phone*: Work Phone:	313 222-2222	
Cell Phone:		
Email		
Primary Email:	JOHNDOE@GMAIL.COM	
Alternate Email:		
SSN*/Alternate ID:	***-*** (masked)	
Date of Birth*:	01/01/1900	
Account Number:	N/A	
Card Number:	N/A	
	Previous Finish	