Credit Card Payment Form

Name:_____

Billing Address:_____

City:_____State:_____Zip:_____

Phone:_____ or_____

Email:_____

Program or Reason for Charge:_____

Name on Card:_____

VISA/MC#:_____

Expiration Date:_____

Zip Code:_____

CVC Code: _____

Amount to Charge:_____

Signature:_____

This form can be accepted by fax, mail or in person.

Credit card payment forms CANNOT be accepted thru email.

SACRAMENTO STATE
AQUATIC CENTER

A Program of:
ASSOCIATED
STUDENTS
SACRAMENTO STATE