SIERRA COLLEGE

Payment Form

Fall Spring Summer Year _____

Name: _____
Last First MI

Student ID #: _____ - _____ - _____

Phone Number: _____

Complete Payment Form and mail to:

Sierra College
Attn: Bursar's Office
5100 Sierra College Blvd
Rocklin, CA 95677

Or fax form to:

(916) 630-4536

Check the appropriate box:

Visa Mastercard

I agree to pay the total amount shown below according to the card issuer agreement.

_____
Card Holder Name

_____
Street Address

_____
City State Zip Code

_____
Account Number

_____
Last 3 digits of number on back of card

_____ $ _____
Expiration Date Amount Authorized

_____
Authorized Signature