



Payment Form

☐ Fall ☐ Spring ☐ Summer Year _____

Name: _____
Last First MI

Student ID #: _____ - -

Phone Number: _____

Complete Payment Form
and mail to:

Sierra College
Attn: Cashier'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

Card Number

Last 3 digits of number on back of card

Expiration Date \$ Amount Authorized

Authorized Signature