

ELECTRONIC PAYMENT FORM

Acceptable cards are Visa, MasterCard, Discover, American Express or Pay by Electronic Check

Business Name:					
Cardholder/Name on Check (Please Print):					
Billing Address:					
City:		State:		Zip:	
Telephone Number: (_)				
E-Mail Address for Receipt:					
Payment Method:	Visa	Master Card	Discover	American Express	Electronic Check
Credit Card Number:					
Credit Card Expiration	Date:			CVV:	
Account Number:					
Routing Number:					

Total Amount Charged \$_____

Signature: _____

For Office Use Only - Revised 4/2021