

## **PAYMENT FORM**

9001 Stockdale Highway – 30BDC Bakersfield, California 93311

661.654.2441 | 661.654.2447 (f) extended.csub.edu

TERM: Fall	Spring YE	AR:	CSUB ID #:	
Summer	Winter		BIRTHDATE:	
FIRST:		M.I.:	LAST:	
ADDRESS:				
CITY		STATF.	7IP·	COUNTY:
		31/(12		
PHONE:		EMAIL:		
	paid by the bank, I am s	till responsible for a		SUB Catalog. If my payment by credit card, ended Education & Global Outreach to
STUDENT'S SIGNATURE: X DATE:				
PAYMENT METHOD  Payments must be submitted to Extended Education & Global Outreach (EEGO) at the address listed above or online via myCSUB.  WE DO NOT ACCEPT PAYMENTS VIA PHONE, FAX OR EMAIL.				
FINANCIAL AID TYPE:				
☐ CHECK, MONEY ORDE	R, OR CERTIFIED CHEC	CK #:	AMOUNT: \$	
CREDIT CARD INFORMATION				FOR OFFICE USE ONLY
CREDIT CARD INFORMATION				(INITIAL & DATE)
CARD TYPE:  VISA  MASTERCARD				RECEIVED BY:
CARDHOLDER NAME (AS SHOWN ON CARD)  CARDHOLDER SIGNATURE				PAYMENT PROCESSED BY:
EXPIRATION DATE	BILLING Z	X P CODE	AUTHORIZED AMOUNT	TRANSACTION #:
EXTINCTION DATE	BILLING Z	. 0001	\$	
CARD NUMBER	I		1	AMOUNT PAID: \$