



**EXTENDED EDUCATION AND
GLOBAL OUTREACH
CSU BAKERSFIELD**

PAYMENT FORM

FOR OFFICE USE ONLY
RECEIVED BY INITIAL & DATE

TERM: Fall Winter Spring Summer YEAR: _____

CSUB Student ID or SSN#: _____ DOB: ____/____/____

FIRST: _____ M.I.: _____ LAST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE: _____ EMAIL: _____

By registering for classes at CSU Bakersfield, I accept full financial responsibility for all tuition and fees charged to my student account. If billed to an external agency that fails to pay, I remain responsible for the balance. I understand that lack of or insufficient financial aid does not remove my payment obligation. Failure to pay may result in denied services, holds on registration, collections activity, reporting to credit bureaus, tax offset, and additional collection costs. I also authorize CSU Bakersfield and its representatives, including collection agencies, to contact me via phone, text, or email regarding my account, and I agree to update my contact information within 30 days of any change.

STUDENT'S SIGNATURE: **X** _____ DATE: _____

PAYMENT METHOD

Payments must be submitted to Extended Education & Global Outreach (EEGO) at the address listed below or online via myCSUB.

WE DO NOT ACCEPT PAYMENTS VIA PHONE, FAX OR EMAIL.

FINANCIAL AID TYPE: _____

CHECK, MONEY ORDER, OR CERTIFIED CHECK (PAYABLE TO CSUB): # _____ AMOUNT: \$ _____

CREDIT CARD

CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		
CARDHOLDER NAME (AS SHOWN ON CARD)		CARDHOLDER SIGNATURE X
EXPIRATION DATE	BILLING ZIP CODE	AUTHORIZED AMOUNT \$
CARD NUMBER		

FOR OFFICE USE ONLY
PAYMENT PROCESSED BY:
TRANSACTION #:
AMOUNT PAID: \$