

**Payment Options:**

- Pay in full ~ check by mail or credit card by phone or fax
- [Pay by credit card online](#)
- Set Up Auto Deduct Payment Program (use Payment Arrangement Agreement below)
- Make payment arrangements (see agreement below)

**# 1** For Full Payment send to: 10656 Industrial Ave, Ste 160 Roseville, Ca 95678

**Fax 916-771-0556**

**Payment by Credit Card**

Cardholder's Name: \_\_\_\_\_

Cardholder's Billing Phone Number (\_\_\_\_\_) \_\_\_\_\_

Card Type:                      Visa                       MasterCard                       Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Zip Code \_\_\_\_\_                      CSV Code\* \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Cardholder's Printed Name: \_\_\_\_\_                      Title: \_\_\_\_\_

**# 2**

**# 3**                      **Payment Arrangements**

This is to confirm the arrangement under which we will accept payment of your outstanding balance for your outstanding balance(s). Please read, complete the form, sign and return this form and the copy your invoice(s) or statement(s) indicating admission of the full amount of the account and acceptance of the terms of our agreement listed below.

I would like to make my first payment of: \$ \_\_\_\_\_  
We will then accept payment of this account in monthly installations in the amount of \$ \_\_\_\_\_ per month starting from the Due Date on your invoice until the amount of your Annual Dues is paid in full.

If for any reason this agreement can not be met after signing, you must contact the PCCA to request an extension or make other arrangements within 30 days of the due date of you payment.

**Admission and Acceptance**

The undersigned hereby admits to the full amount of \$ \_\_\_\_\_ listed on the invoice(s)# \_\_\_\_\_ and accepts the Payment Arrangements terms listed above.

I will make my payments by/through:        \_\_\_\_\_ Credit Card        \_\_\_\_\_ Check

I agree to participate in the ACH Checking Program and allow the PCCA to withdraw the agreed amount listed above from my account \_\_\_\_\_ (initial here)

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_