



CONTRA COSTA  
**HEALTH**

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## CREDIT CARD PAYMENT FORM

Payments can be made using Visa, Mastercard and Discover

Card Type:

Business Card

Personal Card

Business Name on Card:		
Name on Card:		
Payor Address:		
Card Number:		Expiration Date Mo:                      Yr:
Security Code (CVV):	Phone Number:	Payment Amount:
Email Address (optional):		

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

*For Office Use Only:*

Facility ID (FA):	Account (AR):
CUPA Facility ID:	Processed by:

*Revised May 2024*

