

# 4honline Enrollment Fee Payment

Input all information on this screen including credit/debit card number and click SAVE.

Progress bar: Clubs (checked), Projects (checked), Questions (checked), Health Form (checked), Consents (checked), Payment (checked), Confirm (7)

### Add New Card

Card Number \*

Exp. Date \*

Card Code

Billing Address

First Name

Last Name

Country  
USA

Zip

Street Address

City

State

Phone Number

Company

### Invoice

Saline - Clover Bud Program Fee	\$8.00
<b>Total:</b>	<b>\$8.00</b>

Coupon

Click the Agree radio button and then Next

**Selected Payment Method**

Sally Smith  
XXXX-XXXX-XXXX-XXXX  
01/9999

Change Payment Method

**Invoice**

Saline - Clover Bud Program Fee	\$8.00
<b>Total:</b>	<b>\$8.00</b>

**Coupon**

Apply

**Terms of Payment**


Agree

Back Next

### Submit

You will receive an email from RegMax - 4-H with confirmation of your enrollment.

### Susie's Enrollment

 Birth Date: 12/31/2016, Age: 6, Grade: 1  
Role: Clover Bud, Youth Division: Clover Kids

**Selected Units**

Czecherettes, Saline - Primary

**Selected Projects**

Clover Kids - Czecherettes

**Invoice**

Saline - Clover Bud Program Fee	\$8.00
<b>Total:</b>	<b>\$8.00</b>
<b>Selected Payments:</b>	
VISA - Pending XXXX-XXXX-XXXX-XXXX	\$8.00

Back Submit

You will receive an email from RegMax - 4-H with confirmation of your payment once the Extension Office “approves” the enrollment.



Dear Susie Smith

Your credit card payment to 4-H for invoice # 37381 has been processed successfully.

Invoice #: 37381

Invoice Amount: \$8.00

Paid Amount: \$8.00

Amount Due: \$0.00

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Saline - Clover Bud Program Fee	\$8.00
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Card	Payment	Amount	Status
xxxx-xxxx-xxxx-xxxx	23782	\$8.00	Paid

Sign in at any time to manage your account.



This email was sent to [becky.vales@gmail.com](mailto:becky.vales@gmail.com) by RegMax - 4-H.  
RegistrationMax LLC - 1213 W. Morehead St. 5th Floor Charlotte NC 28208