

Online Payments by Credit or Debit Card

IMPORTANT NOTICE: You must enter the “Billing Information” in the below selection, NOT the Contact Information. The Postal Code entered MUST match the Billing Zip Code associated with the Card being used for payment.


ACA Payment Redirect

LC COMMUNITY DEVELOPMENT

PAYMENT METHOD Card

Card number

Exp date(MM YYYY) Security code



BILLING INFORMATION United States of America

Company name

Full name

Address line 1

Address line 2

City State

Postal code

Phone number

Email address

Enter the Billing Zip Code