

LSO Membership Fee Instructions to pay using:

Shared Services Center Credit Card Payments

- 1.) Navigate to the SSC credit card website: https://ssc.umich.edu/payments/pay-by-credit-card/
- 2.) Near the bottom of the page click the Pay Now button



3.) Click the green button Go To Secure Payment Provider to Pay My Bill to access our secure vendor, Authorize.Net



4.) Enter the Amount of the payment, Security Code that is presented on the screen and click Continue

Note: \$10,000 que	The University of Michigan does not take credit card payments in excess of or for Sponsored Research invoices. For alternative payment methods or for stions or concerns, please contact the Shared Services at 734-615-2000 Authorize.Net SECURE CHECKOUT	
Order Info	Enter LSO	
Item	Description Amount	membership
1	SSC Invoice Payment	Tee nere:
	SSC Accounts Receivable 1000 Victors Way Suite 1A Ann Arbor, MI 48108-2744	Student Rate
		\$50
	Total:	Faculty,staff,
Security C	ode	alumni and
- Security C		Jamily rate \$75
	Please enter the security code above.	
Impor studen	tant: The Shared Services Center does not administer benefit coverage or t accounts, including tuition and housing payments. Questions? Contact our	
S	Shared Services Accounts Receivable Office at 734-615-2000 or email electronicpmts@umich.edu	
	Continue	

- 5.) Enter the following fields then click Pay Now:
 - Invoice Number Unique Identifier **TYPE: LSOMember**
 - Description Enter the name of the Orchestra Member if different from name on the credit card
 - Card Number and Expiration Date
 - Email
 - Phone

Note: The \$10,000 or questic	e Universit for Spons ons or con							
Order Inform	ation	Unique Identifier goes						
				Invoic	e Number		ember	
Description: Name of Orchestra Member								
Item Descript 1 SSC Inve Payment Custome		ion bice r specified a	Qty 1 mount	Taxab N	le	Unit Price \$1.00 (USD)	Item Total \$1.00 (USD)	
						Total:	\$1.00 (USD)	
Payment Info	ormation							
		VISA		ER Dentscher				
Ca	Card Number:		*	enter nun	nber withou	t spaces or dashes)		
Expiration Date:			*	(mmyy)			<	
Billing Inform	nation						-	
С	ustomer ID:	Not Re	equired					
	First Name:		×		Last N	lame:		
	Address:		Not Required					
	City:		equired					
State/Province: Not Required				Zi	p/Postal (Code: Not F	Required	
	Country:	Not Required						
	Email:							
	Phone:			*			, 	
Importan student ac Sha	nt: The Sha ccounts, in ared Servic	ared Servi cluding tu es Accour ele	ces Center do ition and hous nts Receivable ectronicpmts@	oes not sing pa e Office Dumich	admini lyments e at 734 n.edu	ster benefit c . Questions? I-615-2000 or	overage or Contact our email	
			Pay Now	/	<i>←</i>			