



Stowell Learning Center

Credit Card Payment Agreement

Student's Name: _____

Name on Card: _____

Billing Address: _____

Card Type: (circle one) **Visa** **MasterCard** **Discover**

Card Number:

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American Express

Card Number:

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Expiration: _____ Billing Address Zip Code: _____

By providing my signature I hereby authorize Stowell Learning Center to debit my credit card/bank card for the **\$100 intake deposit immediately** and for **the remainder of the assessment fee at the time of service.**

Signature: _____ Date: _____