



# 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: \_\_\_\_\_