Stowell Learning Center

# Credit Card Payment Agreement

**Student's Name:** _____

**Name on Card:** _____

**Billing Address:** _____

_____

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

Card Number:

Expiration:_____ Billing Address Zip Code:_____

**American Express**

Card Number:

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:_____

15192 Central Avenue, Chino, California 91710 P (909) 598-2482 F (909) 598-3442

1150 Main Street, Suite C, Irvine, California, 92614 P (949) 477-4133 F (949) 477-4082

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