

PAYMENT AUTHORIZATIONS (CHOOSE 1)

CREDIT CARD AUTHORIZATION

CARDHOLDRES NAME: _____ PHONE #: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CARD#: _____ EXP DATE: _____ CVC: _____

I (we) hereby authorize Steppin Stones to initiate recurring credit card charges to the above referenced credit card account. I understand it is my responsibility to keep my information up to date to avoid late payment fees. To cancel this agreement, I (we) are required to give 10 days WRITTEN notice.

Signature: _____ Date: _____

BANK ACCOUNT AUTHORIZATION (ATTACH A VOIDED CHECK)

YOUR NAME: _____ PHONE#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BANK NAME: _____ CHECKING: _____ SAVINGS: _____

BANK ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ROUTING#: _____ ACCT# _____

I (we) hereby authorize Steppin Stones to initiate recurring credit card charges to the above referenced bank account. I understand it is my responsibility to keep my information up to date to avoid late payment fees. To cancel this agreement, I (we) are required to give 10 days WRITTEN notice.

Signature: _____ Date: _____

SQUARE AUTHORIZATION BILLING: WEEKLY: _____ 2 WEEKS: _____ MONTHLY: _____

You will be sent a invoice be email. Click "Pay Invoice" and enter your card information. You will be given an option to save your card for future payments or in the event you can't access a computer you can do a phone payment. To pay more than the invoice amount you can click add a TIP. The tip IS NOT FOR STEPPIN STONES, it will be CREDITED to your account. You will receive your receipt by email. I understand it is my responsibility to keep my information up to date to avoid late payment fees.

PARENT NAME: _____ CHILD NAME: _____

EMAIL ADDRESS: _____ PHONE#: _____

SIGNATURE: _____ DATE: _____