

Student Name	e:			
To authorize	ATION for automatic lesson page monthly payment to Fieldstoneslie Mapes, COO.	-	ur credit card, simply fill out	this form and
	t will be automatically transfer			•
annual lesson	fee increases occur, we will ch	large your card fo	or the increased amount. The	าank you.
	Please mail or email comple Fieldstone Farm 16497 Snyder Rd. Chagrin Falls, OH 44023 440.708.0013 ext. 131 www.fieldstonefarm.org lmapes@fieldstonefarm.org		lie Mapes	
I authorize m account:	y financial institution to automa	atically transfer r	my monthly tuition from my	credit card
Circle:	VISA or Master Card		CVV #	
Card Number	:		Exp. Date:	-
Name as it ap	pears on the card:			-
Billing Addres	s of the card:			-
City:		State:	Zip:	_
Email Address	s:			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_