



Main Stay Therapeutic Farm
6919 Keystone Road
Richmond IL 60071
815-653-9374 | info@mainstayfarm.org

2026 AUTO-PAYMENT RELEASE

DO NOT EMAIL THIS FORM

This form collects sensitive payment information. For your protection, it should **not** be emailed at any time. **Please drop off the completed form at our office.**

Main Stay offers an optional automatic payment plan. Invoices will be sent out on the first of the month. On or around the 20th of the month your payment can be made by using a credit card that is kept on file with us. If you wish to participate please complete the information below. No additional charges will be paid with this card outside of the lesson fees and yearly registration fee unless you are notified.

I, _____ (credit card holder) acknowledge that Main Stay Therapeutic Farm is authorized to use this card to pay monthly session/registration fees on behalf of _____. I acknowledge this agreement is good through the end of this riding season or sooner if we no longer participate in the program.

Card Holder Name: _____

Billing address of card holder: _____

Card # _____
Visa / Mastercard / Discover / American Express

Expiration Date: _____ CVV Code: _____

Signature of Card Holder: _____