# RECURRING PAYMENT PLAN AUTHORIZATION FORM: CREDIT CARD

*Complete and return this form to:*

**THE SUN CHRISTIAN CHILD CARE CENTER**
1505 BLOOMFIELD AVE
BALTIMORE, MD 21227
410-462-4273

## CREDIT CARD PAYMENT AUTHORIZATION
(Please Print)

I authorize THE SUN CHRISTIAN CHILD CARE CENTER, to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I authorize THE SUN CHRISTIAN CHILD CARE CENTER to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize THE SUN CHRISTIAN CHILD CARE CENTER to use the third party sender, RapidTuition, to process all payments.

| | | |
|---|---|---|
| **Cardholder Name:** | | **Phone:** |
| **Email:** | | |
| **Children's Names (if applicable):** | | |
| *Please enter children's names if the cardholder's last name is different.* | | |
| **Cardholder Billing Address:** | | |
| **City:** | **State:** | **ZIP Code:** |
| **Card Type:** | Visa MasterCard Amex Discover | |
| **Account Number:** | | **Expiration Date:** |
| **Signature:** | | **Date:** |

**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**

Childcare Manager RapidTuition™ Processing Payments the Rapid Way!

(800) 553-2312
www.RapidTuition.com