## RECURRING PAYMENT PLAN AUTHORIZATION FORM: Credit Card



Complete and return this form to:

## **Future Scholars Early Learning Center**

1351 Route 38 West Building B Suite 1 Hainesport, NJ 08036 (609) 518-1333

## CREDIT CARD PAYMENT AUTHORIZATION (Please Print)

I authorize Future Scholars Early Learning Center, to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I authorize Future Scholars Early Learning Center to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Future Scholars Early Learning Center to use the third party sender. RapidTuition, to process all payments.

Cardholder Name:			Phone:		
Email:					
Children Names (if a	pplicable):				
Please enter children	names if the cardhol	lder's last name is	s different.		
Cardholder Billing A	ddress:				
City:	State:			ZIP Code:	
Card Type:	☐ Visa ☐ MasterCard ☐ Amex ☐ Discover				
Account Number:			Expiration Date:		
Signature:			Date:		

