

## RECURRING PAYMENT PLAN AUTHORIZATION FORM: Credit Card



Complete and return this form to:

### Hope Grows Child Development

20111 Century Blvd  
Suite-A  
Germantown, MD 20874  
(240) 246-7835

### CREDIT CARD PAYMENT AUTHORIZATION

(Please Print)

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

<b>Cardholder Name:</b>		<b>Phone:</b>
<b>Email:</b>		
<b>Children Names (if applicable):</b>		
<i>Please enter children names if the cardholder's last name is different.</i>		
<b>Cardholder Billing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Card Type:</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover	
<b>Account Number:</b>		<b>Expiration Date:</b>
<b>Signature:</b>		<b>Date:</b>

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS



(800) 553-2312  
[www.RapidTuition.com](http://www.RapidTuition.com)