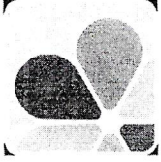


RECURRING PAYMENT PLAN AUTHORIZATION FORM: Credit Card

Complete and return this form to:

The Afterschool Collaborative, LLC
PO BOX 1133
WILLISTON, VT 05495
(802) 825-1919



CREDIT CARD PAYMENT AUTHORIZATION

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

Cardholder Name:

Phone:

Email:

Children Names (if applicable):

Please enter children names if the cardholder's last name is different.

Cardholder Billing Address:

City:

State:

ZIP Code:

Card Type:

Visa

MasterCard

[REDACTED]

CVV #:

Account Number:

Expiration Date:

Signature:

Date:

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS



(800) 553-2312
www.RapidTuition.com