

**RECURRING PAYMENT PLAN AUTHORIZATION FORM: CREDIT
CARD**

Complete and email this form to:

Bookkeeper@Part2Kids.com

or mail it to:

The Afterschool Collaborative, LLC

PO BOX 113

Williston, VT 05495

I authorize The Afterschool Collaborative, LLC, to initiate recurring credit/debit card charges to the below referenced card account for the purposes 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, Bambora, to process all payments.

CARDHOLDER NAME: _____

CHILD(REN)'S NAMES: _____

EMAIL: _____

PHONE: _____

BILLING ADDRESS: _____

CITY / STATE / ZIP: _____

CARD TYPE: _____

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

CVV # (3 or 4 DIGIT CODE): _____

SIGNATURE: _____

DATE: _____