## RECURRING PAYMENT PLAN AUTHORIZATION FORM: Credit Card



Complete and return this form to:

## **Endless Discoveries CDC**

Operation # 854465 823 Towne Court Saginaw, TX 76179 (682) 286-9662

## CREDIT CARD PAYMENT AUTHORIZATION (Please Print)

I authorize Endless Discoveries CDC, to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I authorize Endless Discoveries CDC to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Endless Discoveries CDC 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	der's last name is	s different.	
Cardholder Billing Ad	ddress:			
City:	State:			ZIP Code:
Card Type:	☐ Visa ☐ MasterCard ☐ Amex ☐ Discover			
Account Number:		Expiration Date:		
Signature:		Date:		

