

RECURRING PAYMENT PLAN AUTHORIZATION FORM: Credit Card

Complete and return this form to:



WINDSOR CHRISTIAN ACADEMY
7710 WINDSORMILL RD
BALTIMORE, MD 21244
(410) 496-8270

CREDIT CARD PAYMENT AUTHORIZATION (Please Print)

I authorize WINDSOR CHRISTIAN ACADEMY, to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I authorize WINDSOR CHRISTIAN ACADEMY to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize WINDSOR CHRISTIAN ACADEMY 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

Amex

Discover

Account Number:

Expiration Date:

Signature:

Date:

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS



(800) 553-2312
www.RapidTuition.com