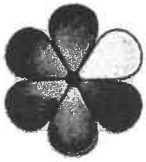


RECURRING PAYMENT PLAN AUTHORIZATION FORM: Credit Card

Complete and return this form to:

The Sloan School

3131 N OConnor
Irving, TX 75062
(972) 659-1199



CREDIT CARD PAYMENT AUTHORIZATION

(Please Print)

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

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

Security Code: _____