

## RECURRING PAYMENT PLAN AUTHORIZATION FORM: Credit Card

Complete and return this form to:



**Alaka'i Academy**  
74-5565 Luhia St.  
CBU 1 Box #13  
Kailua-Kona, HI 96740  
(808) 331-8000

### CREDIT CARD PAYMENT AUTHORIZATION

(Please Print)

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



Childcare Manager  
**RapidTuition**  
Processing Payments the Rapid Way!

(800) 553-2312  
www.RapidTuition.com