



Executive Child Development Center

6006 Executive Boulevard, Rockville, Maryland 20852

301-496-9411 ☆ 301-480-4664 fax

Automatic Credit Card Billing Authorization Form

Child's Name(s) _____ Location: ECDC Diplotots HHS/ED

Parent's Name(s) _____

Telephone Number _____ E-mail _____

I authorize ECDC to automatically bill the card listed below as specified: *please print clearly!!!*

Credit card type: Visa MasterCard Discover Credit card number: _____

Expiration Date: _____ 3 digit number on back (CVV): _____

Cardholder's name (as shown on credit card) _____

Please charge my:

Recurring full bi-weekly tuition as determined by contract (including summer activity fees)

One time amount of: \$ _____ to be credited to:

Deposit Registration fee Field trip Other _____

Other fee: _____

We will automatically bill your credit card for the amount indicated. Regardless of which center your child attends, charges will appear on your monthly credit card statement as ECDC or Executive Child Development Center located at 6006 Executive Boulevard, Rockville, MD 20852.

You may cancel or change this automatic billing authorization at any time by contacting us in writing (email is acceptable).

Signature: _____ Date: _____

This form must be returned directly to ECDC in Rockville via email at acquavib@mail.nih.gov, or mail at 6006 Executive Boulevard, Rockville, MD 20852. For your security, if you would like to fax the form (to 301-480-4664), please call ECDC at 301-496-9411 before sending.