

AUTOGIFT

Bank Debit Enrollment/Change Form

Bank Debit

New

Change

Please complete the following in clear printing:

As my financial pledge to The Hearts Center,

I _____
(print name as it appears on your bank account)

hereby authorize The Hearts Center to initiate debit entries to my

Name of Financial Institution:
Address of Financial Institution, including postal code:

Amount to transfer: <small>(enter amounts and dates)</small>	5th_ \$ _____ 20th_ \$ _____	Make draft begin on:	Date:
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Name (if different than on the bank account):

Billing Address:

City:	State:	Postal Code:
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Telephone:	Home:	Cell:
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Email Address:

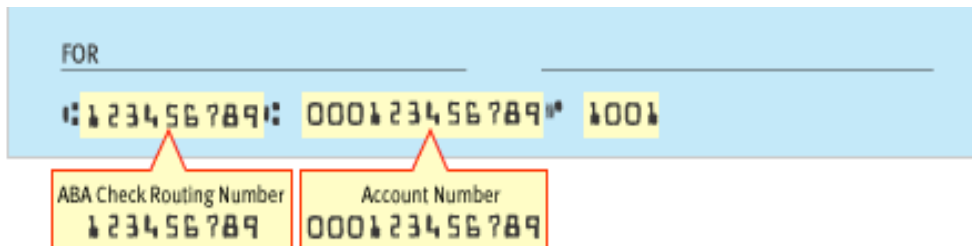
This authority is to remain in full force and effect until The Hearts Center has received written notification from me of its termination in such time and in such manner as to afford The Hearts Center a reasonable opportunity to act on it, such time to be not less than ten (10) business days prior to the next scheduled transaction.

By signing below, I acknowledge the charges described here on. Payment in full to be made when billed, or in extended payments in accordance with the standard policy of the financial institution.

Signed:	Date:
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Please carefully copy the following routing and account information from a check (not deposit slip!):

ABA Check Routing Number:	Account Number:
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Please print this form and fax or mail it to The Hearts Center at:

PO Box 277
 Livingston, MT 59047

FAX: 888-476-5228