

AUTOGIFT

Credit/Debit Enrollment/Change Form

CREDIT/DEBIT CARD

New

Change

Please complete the following in clear printing:

As my financial pledge to The Hearts Center, and in lieu of my credit/debit card imprint,

I _____
 (print name as it appears on your card)

hereby authorize The Hearts Center to initiate charges to my

Visa

MasterCard

Discover Card

Card Number:

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Expiration Date:

	3-Digit Verification Code:
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Date of first charge:

USS 5th\$ _____ 20th\$ _____		Date :
Name (if different than on the card):		
Billing Address:		
City:	State:	Postal Code:
Telephone:	Home:	Cell:
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 received 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 company issuing credit/debit card.

Signed:	Date:
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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