

AUTOGIFT

Credit/Debit Enrollment/Change Form

CREDIT/DEBIT CARD

New

Change

*This form may be form-filled (on your computer), saved to disk and emailed to store@heartscenter.org
.....OR you may choose to print it on paper, fill it out and mail it to PO Box 277, Livingston, MT 59047*

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

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

hereby authorize The Hearts Center to initiate charges to my

Visa

MasterCard

Discover Card

Card Number:

3-Digit Verification Code:

Expiration Date:

Date of first charge:

US\$ _____
5th \$ _____ 20th \$ _____

Date :

Name (if different than on the card):

Billing Address:

City:

State:

Postal Code:

Home:

Cell:

Telephone:

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: