



Training For Life, Inc.  
11 Hanover Sq 15th Fl  
New York, NY 10005

Recurring Charge Authorization Form

I \_\_\_\_\_ am an American Heart Association Instructor affiliated with Training For Life; from which I receive routine materials & services necessary to the conducting of training courses.

This form authorizes the charging of the credit/debit card provided below for said routine services with the expectation of being notified by email when such a charge has been made and that I will receive the appropriate receipt(s) in a timely manner.

**Name as it appears on the Card:** \_\_\_\_\_

**Card #** \_\_\_\_\_ **Expiration:** \_\_\_\_\_ **CVC Code\*** \_\_\_\_\_  
Month/Year See Below

**Circle Card Type:** Visa, MC, Discover, Amex

**Billing Address:**

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

\*3 digits on back of MC, Visa, & Discover / 4 digits on the front for Amex

I also understand that it is my responsibility to update debit/credit card information in a timely manner to allow for uninterrupted provision of materials/services.

**Instructor**

**Training For Life Staff**

**Printed Name** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

**Email to [info@training4life.org](mailto:info@training4life.org) or Fax to 877-876-4543**

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