



Training For Life, Inc.
11 Hanover Sq 3 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 or Fax to 877-876-4543

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