

# Credit Card Payment Authorization

You authorize charges to your credit card. A receipt for each payment will be provided to you and the charge will appear on your credit card statement.

I \_\_\_\_\_ authorize Help-A-Heart CPR, LLC to charge my  
(Cardholder's Name) (Merchant's Name)

Credit Card indicated below for \$ \_\_\_\_\_  
(week, month, etc.)

## Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Card Details

Visa     MasterCard     Discover     American Express

Cardholder Name \_\_\_\_\_

Account/CC Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

CVV \_\_\_\_

Zip Code \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Help-A-Heart CPR, LLC in writing of any changes in my account information or termination of this authorization. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_  
(Cardholder's Signature)

DATE \_\_\_\_\_

Credit Card authorization form may be emailed to [ecards@helpaheartcpr.com](mailto:ecards@helpaheartcpr.com) or sent via fax to 210.399.0673.