

BLS Education Center

I authorize BLS Education Center to initiate credit card charges to the below-referenced credit card every Monday. (Only VISA or MASTERCARD accepted.)

Card Holder Name: _____

Phone: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____ Expiration Date: _____

Cardholder Signature: _____ Date: _____

I authorize BLS Education Center to initiate entries to my checking or savings account indicated below every Monday.

Your Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank Name: _____

Bank Address: _____

Routing Transit Number: _____

Account Number: _____

Signature: _____ Date: _____