



CREDIT/ACH AUTHORIZATION

By signing this form, you authorize a single or regularly scheduled charge to your Credit Card or bank account as indicated below:

(Check one)

Recurring Charge

I _____ (Customer's name) hereby authorize Cordial Emergency Medical Services LLC dba Cordial Fire/EMS Education to charge my [] Bank account [] Credit Card listed below for \$ _____ (Amount \$) on the _____ (Day) of each [] week [] month [] year as payment for the following [] goods [] services: _____ (Description of Goods / Services).

If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. This authorization will remain in effect until I notify the Merchant in writing to cancel it at least 15 days prior to the next billing date, or _____ payments have been completed.

One-Time Charge

I _____ (Customer's name) hereby Cordial Emergency Medical Services LLC dba Cordial Fire/EMS Education to charge my [] Bank account [] Credit Card listed below for \$ _____ (Amount \$) on _____ (Date) as payment for the following [] goods [] services: _____ (Description of Goods / Services).

If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. This is permission for a single transaction only and does not provide authorization for any additional unrelated charges to my account.

BILLING INFORMATION

Billing Address: _____

Phone number: _____ Email address: _____



PAYMENT INFORMATION

Bank account

Account type: [] Checking | [] Savings

Bank name: _____

Account number (#): _____

Routing number (#): _____

Credit Card account

Card type: _____

Cardholder: _____

Card number (#): _____

CVC number (#): _____

EXP Date: _____

I guarantee and warrant that I am an authorized user of this bank account or Credit Card and that I am legally authorized to enter into this billing agreement with the Merchant. I certify that I will not dispute this scheduled transaction (s) with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Please attach a voided check, or copy of your Card (front and back)

Authorized signature: _____ Date: _____