DONNA C. FORTNEY, NCC, LPC
Certified Imago Relationship Therapist

703-869-3589 (Phone)
571-766-2613 (Fax)

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Credit Card Charge Authorization Form

I (we) hereby authorize Donna C Fortney, LPC to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until Donna C. Fortney is notified by me (us) in writing.

Name (as it appears on card): _____

Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Circle one: Visa / MasterCard / Discover

Card Number: _____

Card Verification Number: _____

Expiration Date: _____

_____ _____
Signature Effective Date