



Fortis Behavioral Health
220 Wintergreen Dr., Suite B
Lumberton, NC 28358
910-536-1719
910-668-8048

Payment Auth (self pay)

Name (as it appears on card): _____

Card number: _____

Billing zip code: _____

Security code: _____

Expiration date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Fortis Behavioral Health, in writing of any changes in my account information or termination of this authorization. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____

Date: _____

Name of SIGNER: _____

Relationship to patient: _____