



Burke Centre Conservancy

Credit Card Authorization Form

I hereby authorize the Burke Centre Conservancy to charge my quarterly assessment fees to my credit card as listed below. Quarterly fees are due and payable not later than the following dates: January 31; April 30; July 31; and October 31. Payments will be charged during the month due.

I understand and agree that this authorization is in force until I cancel it in writing. Written cancellation requests must be sent to the address shown below.

Name _____

Property Address _____

City/State/Zip _____

Phone Number (in case we need it) _____

Email Address _____

Visa Master Card (check one)

Account Number _____ - _____ - _____ - _____

Expiration Date ___ / ___ CVV ___ ___ ___

Signature of Card Holder _____

Please return signed form to:

Karen Frank
Finance Administrator
Burke Centre Conservancy
6060 Burke Centre Parkway
Burke, VA 22015-3702