

Automatic Payment Authorization

Cornerstone Counseling & Education
859 South Yellowstone #202
Rexburg, ID 83440

Name: _____

Address: _____

I hereby authorize Cornerstone Counseling to debit \$ _____
From my Debit Card or Credit Card on _____.

Card Number _____

Exp. Date _____

Security Code _____

Zip Code _____

I understand that my debit as indicated above will be made as frequently as agreed. Automatic Payments will continue until I have given written notice for the payments to stop.

By signing below I agree to the terms and conditions of the Authorization.

Signatures (s): _____ Date: _____

_____ Date: _____

Would you like a receipt emailed?

Email Address _____