

KATHRYN NEEL PhD
7823 Hygiene Rd
Longmont, CO 80503
Ph: (240) 593-7561

Credit Card Authorization

If you would like Cornerstone Psychological Services to charge your credit card (Visa, MasterCard, Discover, and American Express) each month, please complete the following authorization. The “Recurring Preauthorization” will allow the office to automatically charge your credit card at the end of each month. You will continue to receive your monthly statement which will indicate all services and the amount charged on your credit card.

Cardholder Name: _____

Cardholder Billing Address: _____

Daytime Phone: _____ Evening Phone: _____

Credit Card Account Number: _____

Expiration Date (mo/yr): _____

Amount to be charged: _____

Cardholder Signature _____ Date: _____