

MICHELE SHERMAN, MFT

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(818) 725-2488

Tax ID 72 1587541

MFC 39383

CREDIT CARD INFORMATION FOR CANCELLATION

As per your signed agreement on the Informed Consent your credit card number will be kept on file in a secured and locked location strictly for purposes of charging a flat \$100.00 cancellation fee per missed session. Charging your card for this amount is only necessary should you not give 24-hours notice that you are unable to keep your appointment and if we are not able to reschedule during the same business week.

Please circle type of card: VISA MASTERCARD AMEX

Name of Cardholder: _____

Credit Card Number: _____ Expiration Date: _____

Three-Digit Security Code: _____ Zip Code: _____

Signature of Cardholder: _____