

MICHELE SHERMAN, MFT

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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 \$180.00 cancellation fee, per missed session (unless otherwise agreed in writing).

Charging your card for this amount is only necessary should you not give 24 hours notice that you are unable to keep your appointment as per my informed consent.

Please circle type of card: VISA MASTERCARD AMEX

Name of Cardholder: _____

Credit Card Number: _____ Expiration Date: _____

Three-Digit Security Code: _____ Zip Code: _____

By my signature below, I consent and authorize Michele Sherman MFT to process my credit card listed above for any cancelations.

Signature of Cardholder: _____