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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 a flat \$125.00 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: _____