Jodi E. Frey, MFT

2230 Lynn Road, suite 101

Thousand Oaks, Ca. 91360

MFC 27173

(818) 700-5494

24 hour Cancelation Policy
Credit Card Authorization

By signing this form you give Jodi E. Frey, MFT permission to charge your account in the event you do not cancel within the agreed upon 24 hour notice consideration.

This charge will only be made in the event you do not contact the therapist to discuss the circumstances once you have canceled the session.

This is permission for a single type of transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Jodi E. Frey, MFT to charge my credit card account
(full name)

indicated below for _____ on or after _____.
(Mutually agreed amount) today's date

This payment is for failing to cancel in accordance with the 24 hour cancelation policy only

Billing Address _____ Phone#_____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.