

**Greta Angert, MS, LMFT**

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**Credit Card Authorization**

Payment arrangements will be agreed upon before therapy begins. Your credit card information will be held on file even if paying by Zelle or Venmo.

I understand that my credit card will be charged for the agreed upon fee. The office maintains a 48 hour cancellation policy and my card will be charged if I fail to provide 48 hours advance notice to cancel a session.

Responsible party signature: \_\_\_\_\_

Responsible party printed name: \_\_\_\_\_

Date: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Credit card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

3 digit security code: \_\_\_\_\_

Billing zip code: \_\_\_\_\_