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**NOTICE OF INTENT TO CONTINUE OR DISCONTINUE THE SEMEN STORAGE AGREEMENT**

Client Name:	
Address:	
Daytime Telephone:	Email Address:
Signature:	Notice Date:

Thank you for allowing CCB-MCB LLC. (Manhattan Cryobank) to cryopreserve your specimens. Your **storage fee is due**. You can continue the storage of your specimen(s) under the same terms and conditions set forth in your signed Semen Storage Agreement.

Kindly let us know of your intention to continue or discontinue your storage by completing only one of the following options:

**YES**, I wish to continue storing my cryopreserved semen at Manhattan Cryobank for a period and cost of:

- 1 month at a cost of \$50
- 6 months at a cost of \$250
- 1 year at a cost of \$425
- 2 years at a cost of \$700
- 3 years at a cost of \$925
- 5 years at a cost of \$1,450

**Payment Options**

- Enclosed is a check for \$ \_\_\_\_\_
- Charge my Credit Card (Visa, Master Card, Discover, American Express) \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Security Code: \_\_\_\_\_  
 Name on Credit Card: \_\_\_\_\_  
 Billing Zip Code: \_\_\_\_\_

**NO**, I do not wish to continue storing my cryopreserved semen at Manhattan Cryobank. I hereby authorize Manhattan Cryobank to dispose of all the semen vials under my name.  
 IN ORDER TO PROTECT MY RIGHTS, THE CONFIDENTIALITY OF THIS MATTER, AND FOR MANHATTAN CRYOBANK TO BE CERTAIN OF MY DECISION, MANHATTAN CRYOBANK IS REQUESTING THAT I APPEAR IN PERSON OR NOTARIZE THIS NOTICE PRIOR TO MAILING VIA CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED. I UNDERSTAND THAT I AM RESPONSIBLE FOR STORAGE FEES UP TO THE DATE MANHATTAN CRYOBANK RECEIVES THIS NOTICE.

**Notification in person:**  
 Client's Signature : \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
 Manhattan Cryobank Representative: \_\_\_\_\_ . Date: \_\_\_\_\_

**Notarization:**  
 Notary Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
 My Commission expires: \_\_\_\_\_