

**PEGGY L. FERGUSON, PH.D., LADC, LMFT**

Town Center, 116 W. 7th, Suite 211

Stillwater, OK 74074

405-707-9600; 405-707-9601 Fax

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**CONSENT TO BILL CREDIT CARD AND OR DEBIT CARDS FOR COUNSELING SERVICES AND LATE FEES**

NAME \_\_\_\_\_

MAILING ADDRESS FOR CARD \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CSC # (THREE DIGIT NUMBER ON THE BACK OF THE CARD) \_\_\_\_\_

I \_\_\_\_\_, hereby give consent for the following agency

**Peggy L. Ferguson, Ph.D.**  
**116 W. 7th, Suite 211**  
**Stillwater, OK 74074**  
**Phone 405-707-9600**

To process my card for each of my sessions or my family members session.

I understand that Dr. Ferguson will charge my card \$75.00 for each late cancellation for appointment that are not cancelled 24 hours in advance of scheduled appointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

9.17.23