

LINDA EVANS, PH.D.,
Town Center, 116 W. 7th, Suite 211
Stillwater, OK 74074
405-707-9600; 405-707-9601 Fax

**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

Linda Evans, 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. Evans 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

2.17.15