



**Matthew Bruhin & Associates**

4452 Park Blvd. Ste. 302  
San Diego, CA 92116  
619-213-6470

**CREDIT CARD PRE-AUTHORIZATION**

(PLEASE PRINT INFORMATION LEGIBLY AND COMPLETELY)

*\*Charges will appear on your credit card statement as billed by Matthew Bruhin & Associates*

*\*\*A 2.5% processing fee will be assessed on all transactions*

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

Client Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code:(3 digit number on back of card) \_\_\_\_\_

**I authorize Matthew Bruhin & Associates to retain this authorization on file and to charge my credit card as indicated below:**

\_\_\_\_\_ **Session fee(s) in the amount of \$** \_\_\_\_\_ **per session**  
(Any missed appointments without 24 hour cancellation notice will be charged hourly fee)

\_\_\_\_\_ **Monthly payments in the amount \$** \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_