



Matthew Bruhin & Associates

4452 Park Blvd. Ste. 214
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: _____