



TOLL FREE: (844)208-7408

FAX: (772)360-4314

PAYMENT AUTHORIZATION FORM

Prodigy Financial Services Group

CLIENT NAME

NAME ON PAYMENT ACCOUNT

Please fill out the appropriate section for your preferred payment method

CREDIT or DEBIT CARD: I authorize you to process payments to the card listed below.

CARD NUMBER	EXPIRATION DATE	SECURITY CODE

BILLING ADDRESS	CITY	STATE	ZIP

ELECTRONIC-CHECK: I (we) hereby authorize Prodigy Financial to withdraw funds from the Checking Account at the financial institution listed below, and if necessary, initiate adjustments for any transaction credited / debited in error.

Name of Bank or Credit Union	Account Number	Routing Number

Address of Bank or Credit Union, City, State, & Zip

PAYMENT DATE:

AMOUNT:

I understand the services being provided and authorize the payments to my account for the amount and on the date indicated: E-checks may be processed by an eft or draft. I authorize PFSG to keep payment authorization on file for future payments. Returned payments may require additional charges to offset bank fees. I will call more than 24 hours before should any issue arise with payment to help prevent any additional bank fees.

SIGNATURE

Date

1860 82nd Ave Suite 201 Vero Beach, FL 32966

www.prodigyfsg.com