



P.O. Box 880067
San Diego, CA 92168
Tel. 619-795-6260

Recurring Debit Card Payment Authorization Form

Sign and complete this form to authorize Pronto Financing to make a charges to your debit card listed below. Please fill out completely and return via fax 866-931-8465 or email info@prontofinancing.com

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date, on a monthly basis throughout the term of your loan or until otherwise indicated to us in writing. This is permission does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Pronto Financing to charge my debit card account
(full name)

indicated below for _____ on the _____ day of every month beginning on _____.
(amount) (day) (date of 1st payment)

This payment is to be applied to my account #: _____
(your account #)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Cardholder Name	_____	
Account Number	_____	
Expiration Date	_____	CVV _____
	(mm/yyyy)	(3 digits on back of card)

SIGNATURE _____ DATE _____

I authorize GDG Financial DBA Pronto Financing to charge the debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid for the duration of this agreement. I certify that I am an authorized user of this debit card and that I will not dispute the payment with my debit card company; so long as the transaction corresponds to the terms indicated in this form.