



ANYTHING AND EVERYTHING ON THE NETWORK

One Barnes Park South Wallingford, CT. 06492
Phone: 877-312-5560 Fax: 877-312-5544

Pre-Authorization Payment
Application

1. Customer Information

Customer Name _____

Billing Address: _____

City _____ State _____ Zip _____

Contact Name _____

Contact Number _____ Alternate Number _____

E-mail Address _____ @ _____

2. Pre-Authorization Payment Application

Thank you for choosing ComTech21 Services provided by Prescient Worldwide the easiest way to pay your phone bill. Once ComTech21 receives your Pre-Authorized Payment Plan form, it is entered directly into our customer database so that your information remains completely confidential. The invoiced amount will be deducted from either a credit card or checking account 15 days after your invoice date. You will continue to receive an itemized invoice. The only change will be on the remittance section of the invoice affirming, "Statement only-do not pay. Amount will be forwarded to appropriate Credit Card Company or Banking Institution." Pre-Authorized Payment Plan set-up can take one to two billing cycles. If there are any questions concerning the set-up, please call Customer Service at 877-312-5564.

Select either Credit Card Pre-Authorized Payment or Bank Pre-Authorized Payment:

Credit Card Pre-Authorized Payment



CID

(The 3 digits security code is on the back of your card that follows your last 4 digits of your account)

(American Express- the security code is on the front of the card that follows your last 4 digits of you account)

Credit Card Number

Exp Date

month/year

Cardholder Name

If selecting Pre-Authorized Payment by bank account, please attach a voided check to this agreement.

Bank Pre-Authorized Payment

Bank Account Number

Name of Person on Bank Account

I hereby authorize ComTech21 DBA Prescient Worldwide to charge the above-indicated credit card or bank account on a monthly basis for payment of the outstanding balance of the ComTech21 account appearing on this application form. In the event any charges are returned to ComTech21 by the credit card issuer or bank account, I give ComTech21 the authority to correct the information causing such return to resubmit the charge against this credit card or bank account. In the event that ComTech21 returns any payment or portion of a payment made through this authority, I agree that such payment will only be made back to the credit card indicated on this authority or by check if paid from my bank account. This authority will stay in effect until I notify ComTech21 in writing of the cancellation of this authority or the above indicated ComTech21 account is closed and paid in full.

Authorization Signature: _____

Date: _____

Printed Name: _____