



TransFigure Payment Authorization

Revised Date: 09.10.25

TransFigure offers two automatic payment methods for customers, credit card and ACH. Please complete the information for the payment method you prefer.

Account Information

Practice Name	
Address	
Contact Name and Phone	

Payment Authorization

I _____, an authorized agent of the Practice Group named above, hereby authorize **Vital Sync, LLC, dba TransFigure** to **initiate automatic withdrawals from my account at the financial institution named below OR to automatically process payment against my credit card listed below** for any charges incurred. If at any time I wish to discontinue automated payments from the selected payment method below, I will notify **TransFigure** three (3) business days prior to the scheduled payment due date.

My signature below indicates that I certify that I am an authorized user of this bank account or credit card and that I will not dispute the payment with my financial institution or credit card company. I also authorize Vital Sync to make deposits to my selected account in the event a withdrawal is made in error.

ACH

Must include copy of voided check

Name of Financial Institution:	Name of Primary Account Holder:	
Routing Number:	Account Number:	Account Type: Checking Saving
Signature:	Date of Authorization	

CREDIT CARD

 <input type="checkbox"/> Visa	 <input type="checkbox"/> Mastercard	 <input type="checkbox"/> American Express	 <input type="checkbox"/> Discover
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Cardholder Name:	Card Number:
Expiration Date:	CVV2 (3–4-digit number on back)
Signature:	Date of Authorization:

Please return this agreement, along with copies of requested financial documents to the TransFigure Support Team by faxing to 888.830.3497 or emailing to:

jeff@vitalsync.info

Vital Sync, LLC | 469.955.4427