118 Portsmouth Ave., Bldg D, Ste D201, Stratham NH 03885
Ph: 603-778-9920
www.compass-cg.com

►Recurring Payment Authorization Form◄

Schedule your payments automatically through our secure and electronic payment process by completing and signing this form!

I/(We) authorize Compass to initiate electronic payment through my/(our) checking, savings or credit card account at the Financial Institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority shall remain in effect until Compass receives written notification of your intent to terminate and revoke this authorization at least 30 days before the next billing cycle. I understand a prenote transaction will be initiated within 10 days of authorization. By submitting this transaction, you authorize Compass to convert this transaction into an Electronic Funds Transfer (EFT) via ACH transaction and to debit this bank account for the amount specified. Additionally, in the event this EFT is returned unpaid or canceled due to Non-sufficient funds, a service fee, as allowable by law, will be charged to this account via EFT or ACH for each occurrence. In the event you choose to revoke this authorization, please do so by contacting Compass directly at 603-778-9920. Please note that processing times may not allow for immediate revocation of this authorization.
I/(We) represent and warrant that I/(we) am authorized to execute this payment authorization for the purpose of implementing this payment plan with Compass. I indemnify and hold Compass and the Financial Institution harmless from damage, loss or claim resulting from all authorized actions hereunder.

☐ **Automatic ACH** ☐ **Automatic Credit/Debit Card**

Co Name: _____ **Date:** _____

Authorized Representative: _____ **Signature:** _____

ACH INFORMATION

☐ **CHKG**
☐ **SVGS**

_____
Name of Financial Institution

_____
Address of Financial Institution

_____
Name(s) on Bank Account

Bank Routing # _____ **Account Number*** _____

*Please attach a copy of a voided check.

CREDIT CARD INFORMATION

☐ **Visa** ☐ **Mastercard** ☐ **Amex** ☐ **Discover**

Cardholder Name: _____

Account Number: | | | | | | | | | | | | | | | | |

Exp. Date [MM/YY]: ____/____ **Billing Zip Code:** _____ **CVV Code:** _____

Please provide contact information for where invoices should be emailed and questions regarding payments should be directed.

Accounts Payable Contact: _____

Email: _____ **Tel**: _____