



► 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. I understand that this payment plan may be cancelled by Compass and/or the Financial Institution due to Non-sufficient Funds ("NSF"). I will be liable to pay an NSF fee of \$25.00, which may be automatically debited for each NSF.

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:

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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: _____