



Direct Deposit Authorization Form

Company Name		Company Code	
Employee Name (First Middle, Last)	Employee Number	Division	Department

Bank Name	Account Number	Routing Number	Account Type	Amount/Percent
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

I hereby authorize Compass-i to deposit any amounts owed to me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Compass-i to my account. In the event that Compass-i deposits funds erroneously into my account, I authorize Compass-i to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Compass-i has received written notice from me of its termination in such time and in such manner as to afford Compass-i reasonable opportunity to act on it.

My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder for this authorization.

Employee Signature: _____ Date: _____

Attach Voided Check(s) Here