

Direct Debit Information

Please complete each field in the form below.
Upon completion, submit the signed form to
the address shown herein.



**Compass Rose
Benefits Group**

11490 Commerce Park Drive
Suite 220
Reston, VA 20191
FAX: (888) 972-1853

Member Information:

First Name	MI	Last Name	Email Address
Mailing Address		City	State
Date of Birth (MM/DD/YYYY)		Phone Number	
		Zip Code	

Bank Information:

If you need help determining your bank routing and account numbers, visit our website at compassrosebenefits.com/samplecheck

Type of Account (choose one): Checking Account Savings Account

Name of Bank

Bank Routing Number — This number must start with 0, 1, 2 or 3. This series of numbers must be 9 digits.

Bank Account Number — Include all leading zeros. Omit any spaces or characters.

Select Plan Option(s):

- Group Accident Protection (GAP)
 - Family
 - Single

X

Automatic Bank Draft Signature

Today's Date

I authorize Compass Rose Benefits Group to bill my bank account for this program for the premium amount based on the coverage selected; it will remain in force until I notify Compass Rose Benefits Group in writing to cancel.