

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:

(Please print)

<input type="text"/>			<input type="text"/>	
First Name	MI	Last Name	Email Address	
<input type="text"/>				
Mailing Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DOB: MM/DD/YYYY	Phone Number			

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

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.