



P.O. Box 307  
Shelby, NC 28151

[info@compassaviation.org](mailto:info@compassaviation.org)  
704-669-5935 (office)

### DIRECT PAYMENT AUTHORIZATION

I (we) hereby authorize Compass Aviation Inc., hereinafter called "Company", to initiate debit entries and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below.

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(Financial Institution Name OR Credit / Debit Card & Type – VISA / Mastercard / Discover / etc.)

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(If Bank: Address of Financial Institution) (City/State) (Zip)

(If Credit/Debit Card: Address Credit / Debit Card is Billed To)

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(If Bank: Routing/Transit Number) and (Bank Account Number OR Credit / Debit Card Number)

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(If Credit/Debit Card: Expiration Date) and (3 Digit code On Back of Card)

(Account Type) Select One:  Checking  Savings  Loan Acct  Credit/Debit Card

(Frequency) Select One:  One-time  Monthly  Quarterly  Yearly

(Preferred Draft Date) Select One:  1<sup>st</sup>  \*15<sup>th</sup>  30<sup>th</sup> \*(NOTE: credit cards are processed on the 15<sup>th</sup>)

\$ \_\_\_\_\_ (U.S. Dollars)

(Amount) Numerically (Amount) Longhand

Donation For:  Candidate/Staff \_\_\_\_\_,  Other \_\_\_\_\_,  General Fund

This authority is to remain in full force and effect until Company has received written notification from the recipient of its termination in such a time and manner as to afford Company a reasonable time to act upon it.

Please sign & print your name below. If applicable, attach a voided check or financial institution account verification letter to this form. Please enter your contact information below. Mail this form to Compass at the above address. Thank you!

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(Signature)

(Printed Name)

(Date)

**IF APPLICABLE, PLEASE ATTACH VOIDED CHECK HERE**

Additional Contact information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street / P.O. Box) (City/State) (Zip)

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

