

## **AUTHORIZATION FOR DIRECT PAYMENT**

I authorize Integrated Compensation Systems, Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION)	(BRANCH)	
(CITY)	(STATE)	(ZIP CODE)
(SIGNATURE)	(DATE)	
(NAME – PLEASE PRINT)		
(ADDRESS – PLEASE PRINT)		

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

**\*STAPLE VOIDED CHECK HERE**

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### **RETAIN FOR YOUR RECORD**

On \_\_\_\_\_ I authorized  
(DATE)

Integrated Compensation Systems, Inc.

(COMPANY NAME & DEPT.)

380 E. Lafayette Frwy, Ste. 110 St. Paul, MN 55107

(ADDRESS)

PHONE 651-259-4260

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial payment amount: \$\_\_\_\_\_ (if payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.)

Regular payment date \_\_\_\_\_