



Student - Compass Financials Access Request Form
Travel and Expense Module Only

Completed form should be scanned and emailed to ACTSPAY@emory.edu

Student Information - all fields are required

Last Name
First Name
Student ID Number
Emory Network Id
Mailing Address
City, State - Zip
Primary Phone Number

Department Information - all fields are required

Department Number
SmartKey Number

Banking Information - optional

Bank Name (receiving)
Routing Number
Account Number

Provide proxy access to - optional

Last Name, First Name NetID
Last Name, First Name NetID
Last Name, First Name NetID

Signature Authorization

By signing below, I hereby authorize Emory University Payment Services to use the address (provided above) in relation to any payment made to me. Also, if I have entered banking information, I authorize Emory University Payment Services to direct all personal reimbursements to the account referenced.

Student Signature
Date of Signature

For Emory Payment Services Use Only

Information Received on
Information Entered on