

Direct Deposit Bank Change Request

Complete this form to change your company bank account used to fund direct deposit payroll and direct deposit service fees.

Important! You must attach a copy of a voided check or a letter from the bank with the validated routing and account numbers for *each* bank account when sending this form.

If you have any questions about this form, please contact us at Treasury@Sage.com or 866-237-4489 (option 1).

You may fax or securely send the completed forms to the contact information provided in the email.

Company Name (as it appears of	on your account)	
Sage Customer Number Contact Name		Request Date
		Contact Phone
Complete the boxes below for	each company bank acc	ount you want to change.
Direct Deposit Payroll Funding Account	Bank Name	
	Routing Number	
	Account Number	
Billing and Fees Account (if different)	Bank Name	
	Routing Number	
	Account Number	
Customer Authorization The customer authorizes Sage to bank account(s) for theservices ir the terms outlined in the Sage Dir	ndicated. This authorization	account(s) as specified on this form. Sage is authorized to debit the shall remain in full force and effect until terminated in accordance with ment.
Authorized Signature		Date
Print Name		