



SAGE PAYMENT SOLUTIONS

ACH CHANGE REQUEST FORM

Fax requests to (703) 848-1772 or (703) 991-5374

**** Please allow 2 - 3 business days to process bank account information changes. ****

OFFICE ID / NAME _____ REP NAME / ID # _____

MERCHANT INFORMATION

PLEASE NOTE: This account change affects MC / Visa deposits and fees only. If you accept other card types (i.e., Amex, Discover) you must notify the respective company of the change.

V/MC MID # _____ DBA NAME _____

ADDRESS 1 _____ ADDRESS 2 _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT NAME _____ PHONE # _____

CERTIFICATION AND AGREEMENT

MERCHANT desires to effect settlement of credits and debits from the CLEARING ACCOUNT by means of ACH and wire transfer in conjunction with the processing of credit card transactions as anticipated by AGREEMENT. In accordance with this desire, MERCHANT authorizes initiation of debit and credit entries to the CLEARING ACCOUNT and DEPOSITORY ACCOUNT (the details of which are set out below). By signing this authorization, MERCHANT states that he has authority to agree to such transactions and that the DEPOSITORY ACCOUNT indicated is a valid and legitimate account for the handling of these transactions. This authority is to remain in effect until written notice is received from MERCHANT withdrawing it. This authorization is for the payment of SALES and returns, FEES, CHARGEBACKS, Discount, Processing Fees, rejects, and miscellaneous fees. MERCHANT also certifies that the appropriate authorizations are in place to allow MERCHANT to authorize this method of settlement. All changes to the identification of the DEPOSITORY ACCOUNT under this authorization must be made in writing in accordance with AGREEMENT. MERCHANT understands that, if the information supplied as to the ABA Routing Number and Account Number of the DEPOSITORY ACCOUNT is incorrect and funds are incorrectly deposited, SAGE PAYMENT SOLUTIONS will attempt to assist MERCHANT in the recovery of such funds, but has no liability as to restitution of the same.

FINANCIAL / ACCOUNT INFORMATION

Name of Old Financial Institution	Old Bank Account Number	Old Bank Routing Number
Name of New Financial Institution	New Bank Account Number	New Bank Routing Number

You MUST include a copy of a PREPRINTED VOIDED CHECK or A BANK ISSUED LETTER confirming the newly appointed bank account information. Please note that we are unable to accept start checks issued by non-U.S. banks.

SIGNATURE & ACCEPTANCE

IN ACCORDANCE WITH THE TERMS SET OUT ABOVE, I AUTHORIZE THE ABOVE CHANGE(S):

AUTHORIZED SIGNER OF ACCOUNT SIGNATURE (MERCHANT):	SIGNER'S NAME (PLEASE PRINT)
_____	_____

DATE:	SIGNER'S TITLE (PLEASE PRINT)
_____	_____