



SAGE PAYMENT SOLUTIONS

ACH Change Request Form
Please fax requests to (703) 848-1772
Alternate fax: (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.)

Form with fields for V/MC MID #, DBA Name, Address, City, State, Zip, Contact Name, Phone Number, and a large text block for authorization. Includes fields for Old and New Financial Institution details.

PLEASE SIGN BELOW:

Signature block with fields for Authorized Signer of Account Signature, Date, Signer's Name, and Signer's Title. Includes a shaded header: IN ACCORDANCE WITH THE TERMS SET OUT ABOVE, I AUTHORIZE THE ABOVE CHANGE(S):