

Please return this completed form by:

EMAIL : cscupdates@sage.com

FAX : (703) 991 – 5374

PLEASE ALLOW THREE (3) TO FIVE (5) BUSINESS DAYS TO EVALUATE YOUR REQUEST.

OFFICE INFORMATION

OFFICE ID

REP NAME / ID

APP ID

TICKET #

MERCHANT INFORMATION

PLEASE NOTE: THIS ACCOUNT CHANGE AFFECTS VISA / MASTERCARD / DISCOVER DEPOSITS AND FEES ONLY. IF YOU ACCEPT OTHER CARD TYPES (I.E., AMEX) YOU MUST NOTIFY THE RESPECTIVE COMPANY OF THE CHANGE.

MERCHANT ID

ADDRESS

DBA NAME

CITY

CONTACT NAME

STATE

PHONE

ZIP CODE (+4)

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: WE ARE UNABLE TO ACCEPT STARTER CHECKS. ALL CHECKS MUST CONTAIN BUSINESS NAME AND ADDRESS.

SIGNATURE AND ACCEPTANCE

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

X

SIGNATURE (MUST BE SIGNATORY ON FILE)

X

SIGNER'S NAME (PLEASE PRINT)

X

SIGNER'S TITLE (PLEASE PRINT)

X

DATED