

The SAGE Corporation
4242 Carlisle Pike, Ste 177
Camp Hill, PA 17011
717-761-3931
Fax 717-975-3522

Attach Void Check Here

Direct Deposit Enrollment Form

Employee Information

Employee File
Number _____

School Location _____

Employee Name (print) _____

Authorization Agreement

I hereby authorize **The Sage Corporation through its payroll service provider** to initiate automatic deposits of any amounts owed to me, and to initiate credit entries to my account at the financial institution named below. I also authorize **The Sage Corporation through its payroll service provider** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **The Sage Corporation through its payroll service provider** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **The Sage Corporation** receives a written notice of cancellation from me or my financial institution, or until **The Sage Corporation** receives a new direct deposit form.

Account Information

Name of Financial Institution: _____

Routing Number:

(must be 9 digits-must start with a 0,1,2,3,6, or 7)

Indicate type of Account

Checking

Savings

Account Number:

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

***** Please attach a voided check and return this form to the Corporate Office *****

For Company Use

Company Code _____

Company Name _____

Payroll Mgr Name _____

Payroll Mgr Signature _____

Date
