

AUTHORIZATION FOR DIRECT DEPOSIT

Please use black or blue ink, fill in all blanks and print clearly

Section I: Account Holder Information

_____ First Name and Initial	_____ Last Name	
_____ Street Address	_____ Apartment Number	
_____ City	_____ State	_____ ZIP or Postal Code
_____ Daytime Phone Number	_____ Evening Phone Number	

Section II: Financial Institution Information

_____ Financial Institution Name		
_____ Financial Institution Address	_____ Suite Number	
_____ City	_____ State	_____ ZIP or Postal Code
_____ Depository's Phone number	_____ Depository's Fax number	

Section III: Account Information

Bank Type (check one): Bank Credit Union Other

Type of Account (check one): Checking Savings

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Transit / ABA Routing Number

***Please call your financial institution to verify this number**

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Account Number

Account Holder's Signature

Date

In signing this form, I (we) authorize the Company **Sage Financial Logistics, LLC.** to initiate deposit entries to my (our) account with the depository noted above. This purpose is for any Internal Revenue Service Center (United States Treasury) to directly deposit any (if at all) income tax refunds. By signing this form, I (we) have verified that all depository information is correct and releasing the Company of any liability.

Affix a voided check here
