



**Return Signed Request to:**  
Goldleaf Partners  
Attention: Payroll  
Fax: 612.339.0248  
Email: [payroll@goldleafpartners.com](mailto:payroll@goldleafpartners.com)  
Phone: 866.882.8442, opt. 6

**CLIENT BANK ACCOUNT CHANGE**

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Account(s) Affected:**       Payroll Checks     Tax     Billing             Third Party (Agency Checks)

Old Account Number: \_\_\_\_\_

New Account Number: \_\_\_\_\_

New Routing Number: \_\_\_\_\_

**Please attach a voided check (REQUIRED). If no check is available, please include a bank MICR specification sheet.**

If there are ACH filters on the bank account Goldleaf Partners Employer Services is using to initiate debit ACH entries, you must authorize your bank to add the following recurring filter:

**Originator Name:** Goldleaf Payroll

**Company ID:** 1450514557, 2450514557, 3450514557, 4450514557

I authorize Goldleaf Partners Employer Services to initiate the above bank changes to our payroll account. I recognize that there is a \$20.00 fee for making this change.

Payroll Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the form to the email or fax number at the top of this page.**

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**DO NOT FILL OUT BELOW LINE – FOR GOLDLEAF PAYROLL USE ONLY**

Completed By: \_\_\_\_\_ Date Updated: \_\_\_\_\_