

DIRECT DEPOSIT (ACH CREDIT)
AUTHORIZATION FORM

I (we) hereby authorize **LANDO, INC. dba Regional Home Health Agency** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

Select One: Checking Account -OR- Savings Account -OR- PAY CARD (complete authorization form)

Indicated below, at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authorization is to remain in full force and effect until **LANDO, INC. dba Regional Home Health Agency** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **LANDO, INC. dba Regional Home Health Agency** and DEPOSITORY a reasonable opportunity to act on it.

DEPOSITORY NAME (BANK) _____	BRANCH _____
CITY _____	STATE _____ ZIP _____
ROUTING NUMBER _____	ACCOUNT # _____
ACCOUNT NAME _____	

EMPLOYEE NAME: _____ last 4 digits of SSN: _____

EMPLOYEE EMAIL: _____

date

signature

CHECK ONE:

I am not currently participating in the Direct Deposit Program (ACH Credit):

ADD – Deposit my pay to the account shown.*

I am currently participating in the Direct Deposit Program (ACH Credit):

CHANGE – Change financial institutions and/or account number.*

CHANGE – Stop my participation in the program.

*Due to the time required for Company and bank processing, allow one or two pay periods for processing. You will be receiving a paper check until the change can be processed.

IMPORTANT! CHECK TYPE OF ACCOUNT: CHECKING SAVINGS

TAPE YOUR VOIDED CHECK HERE