

# Direct Deposit Authorization

I authorize Lyon Home Health Care LLC to send direct deposits to my account as indicated below. I am filling out this form because: (check one)  New Hire  Change in Account

## Account #1

Account Type: (check one)  Checking  Savings

Institution Name: \_\_\_\_\_

Banking Routing #/ ABA #: \_\_\_\_\_

Account # \_\_\_\_\_

Percentage to be deposited into this account: (check one)  0%  50%  100%

## Account #2

Account Type: (check one)  Checking  Savings

Institution Name: \_\_\_\_\_

Banking Routing #/ ABA #: \_\_\_\_\_

Account # \_\_\_\_\_

Percentage to be deposited into this account: (check one)  0%  50%  100%

Please Attach a voided Check and/or Direct Deposit Form from your institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name