



LCC International Fund, Inc. - USA
 PO Box 101787
 Pasadena CA
 91189-0045

www.lcc.lt
uscharity@lcc.lt
hedwards@lcc.lt

Phone (toll free): 1-855-655-5185

Credit / Debit Authorization Form (Please Print)

PERSONAL INFORMATION:

Name (s): _____
 Address: _____
 City: _____ State: _____
 ZIP: _____ Phone: _____
 Email: _____

ACCOUNT INFORMATION:

Name of Financial Institution: _____
 Branch Name: _____
 Branch Address: _____
 City / State of Branch: _____
 Routing Number: _____
 Account Number: _____

DONATION INFORMATION:

I (we) hereby authorize LCC International Fund, Inc. (The Company) to initiate a charge entry to my (our) checking/savings account at the Financial Institution indicated above. I also authorize LCC International Fund, Inc. to initiate adjustments (if necessary) for any transactions debited / credited in error.

I (we) understand that in order to change or revoke this authorization we must provide WRITTEN notice to The Company a minimum 5 days prior to the next due date. I (we) guarantee that all persons whose signatures are required to sign on this account have signed this agreement (below).

Transfer Date:

_____ On the 1st business day of the month.
 _____ On the 1st business day on or after the 15th of the month.

Month of first Pre-Authorized donation (mm/yy): _____

I (we) would like the Pre-Authorized donation to be designated and used for the following:

Description: _____ Amount: \$ _____
 Description: _____ Amount: \$ _____

Signature: _____ Date: _____

In order to initiate the automatic transfers, please complete the following:

- 1) Complete all necessary fields on this form.
- 2) Attach a void check.
- 3) Mail to: LCC International Fund, Inc.

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Thank You !