



### Pre-Authorized Giving Plan

#### Personal Information:

Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### Account Information:

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

#### Donation Authorization:

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 (email or letter) 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 purpose:

Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In order to initiate the automatic transfers, please:

- 1) Complete all necessary fields on this form.
- 2) Email a signed copy of this form along with a picture of a voided check to [uscharity@lcc.lt](mailto:uscharity@lcc.lt).
- 3) Print and sign this form and mail it along with a voided check to LCC International Fund, Inc. at the address below:

#### Thank you for your generosity to the mission of LCC!