



LCC International Fund, Inc. – USA  
 39 Southgate Ct.                      fx. 540.433.0520  
 Suite 202                                      ph. 540.433.0498  
 Harrisonburg, VA 22801

www.lcc.lt  
[uscharity@lcc.lt](mailto:uscharity@lcc.lt)

## Credit/Debit Authorization Form (Please Print)

### Personal Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Account Information

Name of Financial Institution: \_\_\_\_\_

Branch Name/Address: \_\_\_\_\_

City/State of Branch: \_\_\_\_\_

Bank's Routing/Transit Number: \_\_\_\_\_

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

### 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, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

Transfer Date:

\_\_\_ On the 1st business day of the month

\_\_\_ On the 1st business day, on or after, the 15th of each month

Month of 1st 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 complete the following:

1. Complete all necessary fields on this form

2. Attach a cancelled check.

3. Mail or Fax to:

LCC International Fund Inc.

39 Southgate Ct., Suite 202

Harrisonburg, VA 22801

fx. 540.433.0520

**Thank you!**