



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

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

[www.lcc.lt](http://www.lcc.lt)  
[uscharity@lcc.lt](mailto:uscharity@lcc.lt)  
[hedwards@lcc.lt](mailto:hedwards@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: \_\_\_\_\_  
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 !**