## Scholarship Partner Enrollment and Authorization for Electronic Funds Transfer

I/We want to contribute to the success of Labette Community College students and help them to realize their dreams.

Signature					Date			
Print Name(s)								
I understan	nd that a re	cord of my gif	t will be include	ed in my regu	ılar bank state	ments and wi	ll serve as my	receipt.
	, of its tern	nination in suc						on from me, or tion a reasonable
Please encle	ose a voidea	l check as this	will enable us to	confirm your	· routing/transi	t number and	your account ni	ımber. Thank you.
Routing/Tra	ansit Numb	oer	Account Num	ber				
Type of Ac	count:	-	Checking		-	Savings		
City			s	tate			Zip	
Address								
Branch								
provisions Financial Ir	of U.S. law						. •	
Financial Ir	nstitution n	amed below,	debit the amou hereinafter callo omated Clearin	ed Financial I	Institution, to o	debit same to	such account.	I/We
								*President's Club Level
	\$5	\$12	\$18	\$25	\$35	\$42*	Other \$	
Foundation			rship Partner P	rogram for o	ne of the follov	ving amounts	(minimum \$5)	to the LCC

Thank you on behalf of our students.