



**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize **Lawton Public School Foundation** hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

Type of Acct: ___ Checking ___ Savings

I would like to be a business pillar (\$1,000 per year) _____ \$83.33 per month
I would like to be an individual (family) pillar (\$500 per year) _____ \$41.66 per month
I would like to be an LPS (active or retiree) pillar (\$250 per year) _____ \$20.84 per month

I would like to automatically pay each month _____
I would like to automatically pay each quarter _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

**Please mail this form to LPS Foundation P.O. Box 2323 Lawton, OK 73502
or
deliver to LPS Foundation office (inside Liberty National Bank) 4005 W Gore Blvd. Lawton, OK 73505**