



Lake Country School

Automatic Bank Withdrawal Authorization Form

Name: _____

Phone number: _____

Amount to be deducted monthly: \$ _____

Checking Account Savings Account

Routing Number: _____

Account Number: _____

Frequency of deduction: *(check only one)*

Semi-Monthly – 1st and 15th

Monthly – on the 1st

I authorize Lake Country School and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Signature: _____

Date: _____

Please mail completed form to:

Lake Country School
3755 Pleasant Ave. S.
Minneapolis, MN 55409
Attn: Development Office