

# Authorization for Direct Payment Automatic Bill Payment

Company Name Lack's Stores, Inc. (the "Company")

I (we) authorize the Company to initiate variable entries to my (our) account described below:

Checking Account No. \_\_\_\_\_

Savings Account No. \_\_\_\_\_

Financial Institution's Name \_\_\_\_\_

Financial Institution's Address \_\_\_\_\_

Attach a voided check, savings deposit slip (below) OR provide the financial institution's routing number \_\_\_\_\_

(Please Note: The routing number is found between these symbols "⑆ \_\_\_\_\_ ⑆" on the bottom left of your check or savings deposit slip)

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

Signature \_\_\_\_\_

*(Optional - For Joint Account)*

Full Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Full Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Lacks Account No. \_\_\_\_\_

Please Mail your completed form along with your Voided Check to:

Monthly Payment Amount \_\_\_\_\_

LACKS  
PO BOX 2088  
VICTORIA, TX 77902

▼ Attach Voided Check or Saving Deposit Slip Here ▼