

# **ELECTRONIC FUND TRANSFER AUTHORIZATION FORM**

FLORIDA LOTTERY
RETAILER CONTRACTING
250 MARRIOTT DRIVE
TALLAHASSEE, FL 32399-6573
(850) 487-7714 or flalottery.com

I hereby authorize the Florida Lottery to make automatic withdrawals or deposits each week from or into my business checking account at the following financial institution:

9				
(BANK NAME)				
(CITY)		I authorize the financial institution to charge sucl		
settlement for transactions which may include pena Electronic Fund Transfer ( (ACH) Association.	to my listed account. The amour s of which I maintain a record. I al lities and/or interest. It is agreed EFT) System under the rules and p	so authorize the adjustment I that these withdrawals, de rocedures of the Florida Lott	of entries to correct errors eposits and adjustments wi ery and the National and I	and to collect additional charge Il be electronically made by the ocal Automated Clearing House
	HE LOTTERY OR UNTIL 30 DA			
I HAVE ATTACHED A	COPY OF A VOID CHECK TO	THIS FORM FOR THE AC See Instructions on back		OW.
1 Rusinoss Namo as Sh	nown on Bank Account			
	egistered with your bank)			
	ss: Street			
4. Bank Routing Numbe	er (9 Digits)		State	Zip
5. Bank Account Numbe	er			
6. Effective Date Reques	sted	Florida Lottery Location ID	Number (If Known)	
7				
Signature of Authoriz	red Owner, Partner, Officer	Date		
Print or Type Name o	and Title	Phone Number		
	ONTRACTING AT (850) 487-	•	•	
FOR LOTTERY U	SE ONLY - DO NOT W	/RITE BELOW THIS	LINE	
(Circle One) New Retailer EFT Change of EFT			Change of Ownership/100% Sale of Stock	
Location ID Number:			District:	
Comments				
Sales Representative Signature			SR Number	 Date
Lottery Headquarters Rep	presentative Signature	_	Date	
2.10.7 Fload qualities Representative digitation				

# INSTRUCTIONS FOR RETAILER

#### 1. BUSINESS NAME AS SHOWN ON BANK ACCOUNT

Provide the business name as shown on your bank account.

# 2. DOING BUSINESS AS

Provide "doing business as" name. This is the name recognized by the public and reported on your Florida Lottery Retailer Application. This name should be registered with your bank.

# 3. STORE LOCATION ADDRESS

Provide street address, city, state and zip code of your store.

# 4. BANK ROUTING NUMBER

Provide the nine-digit number used by your bank for routing purposes. You may obtain this information from your bank.

# 5. BANK ACCOUNT NUMBER

Provide your business/commercial checking account number. The Lottery accepts only business/commercial checking accounts; personal or savings accounts cannot be accepted.

# 6. EFFECTIVE DATE REQUESTED

Enter the effective date requested for establishing this account. Advance notice of **six days** is required by the Lottery for any bank account changes. Changes must be received by Lottery Headquarters no later than 12:00 noon on Thursday for the sweep to be effective from the new account on the following Wednesday.

# 7. SIGNATURE & DATE

The signature on this agreement must be that of an authorized owner, partner, or corporate officer. Provide a telephone number for questions that may arise during processing of this request.

#### **VOID CHECK**

Be certain to attach a copy of a **VOID CHECK** to this Electronic Fund Transfer Authorization form. If a check is not available, attach a statement from the bank that lists the bank routing number and bank account number.

# **INSTRUCTIONS FOR LOTTERY PERSONNEL**

# **NEW RETAILER EFT**

Circle this choice for a new Lottery retailer.

# **CHANGE OF EFT**

Circle this choice for a change in bank account information for a Lottery retailer.

# **CHANGE OF OWNERSHIP/100% SALE OF STOCK**

Circle this choice for a change in ownership and/or shareholders of the business.

# **LOCATION ID NUMBER**

Provide the Location Identification Number, if known.

#### **DISTRICT**

Provide the Florida Lottery District Office name.

# SR SIGNATURE, NUMBER AND DATE

The signature and number of the SR submitting the bank account information must be provided.