



ELECTRONIC FUNDS TRANSFER AUTHORIZATION

PLEASE DO NOT WRITE IN THIS BLOCK

Application/Retailer # _____
(Office use only)

INSTRUCTIONS:

1. Please complete the identifying information to allow the Idaho Lottery to make funds transfers electronically to or from the business' or organization's bank account.
2. Please attach a voided check or specification sheet to ensure proper account set-up.

BUSINESS/ ORGANIZATION NAME (LLC, INC....)

I (we) hereby authorize the Idaho State Lottery, hereinafter called LOTTERY, to initiate debit and/or credit entries to the _____ **CHECKING ACCOUNT** OR _____ **SAVINGS ACCOUNT** maintained at the bank shown below:

Bank Name: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Account No.: _____ Date: _____ Branch Phone Number: _____

The person signing this Authorization warrants and represents that he/she has the full right, power and authority to execute this authorization on behalf of Retailer.

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

3. **Name** (Proprietor, Partner, Corporate Officer) **Signature** **Date**

4. **Name** (Manager, Treasurer, Bookkeeper) **Signature** **Date**

THIS FORM WILL NOT BE PROCESSED WITHOUT A VOID CHECK OR SPEC SHEET FROM BANK

REQUIRED

PLEASE ATTACH A VOID CHECK OR SPECIFICATION SHEET FROM BANK BRANCH

PLEASE NOTE: The information obtained will remain confidential.