



EFT AUTHORIZATION



___ LVL OPERATOR ___ LVL RETAILER

INFORMATION

1. Lottery ID# (to be assigned) _____
2. Operator/Retailer Name _____
3. Address _____
4. City/State/Zip _____
5. Telephone Number _____

FINANCIAL INFORMATION

1. Name of Financial Institution _____
2. Routing/ABA Number _____
3. Denote Checking or Savings _____ CHECKING _____ SAVINGS
4. Account Number _____

Must attach a voided check or a letter from the bank for account noted above.

I (We) hereby authorize the State of West Virginia, hereinafter called STATE, to initiate debit and/or credit entries into my (our) account indicated above and the Financial Institution named above, hereinafter called DEPOSITORY, to debit and/or credit the amounts owed by or due me (us) to/from the STATE. This authority is to remain in full force and in effect until the STATE has received WRITTEN NOTIFICATION from me (us) to its termination in such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

(Printed Name) (Authorized Signature) (Title) (Date)

(Printed Name) (Authorized Signature) (Title) (Date)

If you have questions about completing this form, please
call WV Treasurer's Office, EFT Division at **304.558.3599**

If you have questions concerning your Lottery account, please call
WV Lottery Commission at **800.982.2274** or **304.558.0500 x 1861**

SEND COMPLETE FORM TO:

West Virginia Lottery
Licensing Division
PO BOX 2067
Charleston, WV 25327-2067