

EFT AUTHORIZATION



LVL OPERATOR ___ LVL RETAILER

INFORMATION

	•••			
1. Lottery ID# (to be as	signed)			
2. Operator/Retailer Na	ime			
3. Address				
4. City/State/Zip				
5. Telephone Number				
	FINANC	CIAL INFORMATION	ON	
1. Name of Financial In	stitution			
2. Routing/ABA Number	r			
3. Denote Checking or Savings		CHECKING	S SAVIN	GS
4. Account Number				
•				
Must attach a voided check or a letter from the bank for account noted above.				
I (We) hereby authorize the entries into my (our) account DEPOSITORY, to debit and/o is to remain in full force and it to its termination in such time opportunity to act on it.	indicated above or credit the amo n effect until the	e and the Financial Institu ounts owed by or due me (STATE has received WR	tion named above, us) to/from the STA ITTEN NOTIFICAT	hereinafter called TE. This authority ION from me (us)
Printed Name) (Authorized Signature)		(Title)	(Date)	
(Printed Name) (Authorized Signature)		(Title)	(Date)	
If you have questions about completing this form, please			SEND COMPLETE FORM TO:	
call WV Treasurer's Office, EFT Division at 304.558.3599			West Virginia Lottery	
			Licensii	ng Division
If you have questions concerning your Lottery account, please call			PO BOX 2067	

WV Lottery Commission at **800.982.2274** or **304.558.0500 x 1861**

PO BOX 2067

Charleston, WV 25327-2067