DISTRICT #: _____

APPLICANT #: _____

EFT - AUTHORIZATION

Authorization Agreement for Variable Withdrawals (ACH Debits) and Automatic Deposits (ACH Credits)

OH! LOTTERY®

I hereby authorize the Ohio Lottery Commission to make Automatic Clearing House (ACH) withdrawals or deposits each week or into the account identified below at:

(1) _____ (Depository Financial Institution, or DFI),

and authorize the DFI to charge such withdrawals or deposits to my listed account. The amount of such weekly on-line or instant withdrawals or deposits will be equal to the amount shown on my invoice for gaming transactions of which I maintain a record. Adjusting entries to correct errors are also authorized.

It is agreed that these withdrawals, deposits and adjustments may be made by the Electronic Fund tranfer System (EFT) electronically under the rules of the Ohio Lottery Commission and the National and Local Automated Clearing House (ACH) Associations. I understand that this authorization will remain in effect until fourteen days advance notice of termination or change of account is given to the Ohio Lottery Commission. I acknowledge receipt of a completed copy of this authorization.

Account Name as Shown at DFI (2)	Business Name (3)			Date (5)
PRINT CLEARLY the name of Authorizing Party (Owner, Partner, Officer) (4a)	Signature of Authorizing Party (Owner, Partner, Officer) (4b)			
Business Address: Street, P.O. Box (6)	City (7)	State (8)	Zip (9)	Agent or Chain Number

FOR LOTTERY USE ONLY		
Checking Account		

FORM NAME:

ELECTRONIC FUND TRANSFER SYSTEM (EFT) AUTHORIZATION AGREEMENT FOR VARIABLE WITHDRAWALS (ACH DEBITS) AND AUTOMATIC DEPOSITS (ACH CREDITS)

DESCRIPTION:

This form is to be completed by the prospective applicant prior to their appointment with the Lottery Sales Representative to complete the Application for License.

FORM:

The EFT AUTHORIZATION AGREEMENT should be completed as follows:

1. Identify the banking institution to be used for the EFT account.
2. Enter the name of the business EFT account.
3. Enter the business name. (This should be the same business name to be used on the application for license.
4. a) The prospective retail agent (or designee e.g. partner, officer) clearly prints their name here.
   b) The prospective retail agent (or designee e.g. partner, officer) signs here. The printed name in 4a and the signature in 4b must be the same name.
5. Enter the date the form is being completed.
6. Enter the business address.
7. Enter the City where the business is located.
8. Enter the State where the business is located.
9. Enter the Zip Code where the business is located.
10. Enter the Application Number assigned to the applicant.
11. Leave this space blank, it will be completed by the Ohio Lottery Sales Representative.
12. Leave this space blank, it will be completed by the Ohio Lottery Sales Representative.

MAIL THE COMPLETED FORM TO: **Ohio Lottery, Attn: Retailer Accounts**
615 West Superior Avenue
Cleveland, Ohio 44113-1879

PLEASE HAVE A VOIDED CHECK OR BANK LETTER ATTACHED TO THE APPLICATION FOR LICENSE
MAKE A COPY OF THIS FORM FOR YOUR OWN RECORDS BEFORE MAILING