



ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

FLORIDA LOTTERY
RETAILER CONTRACTING
250 MARRIOTT DRIVE
TALLAHASSEE, FLORIDA 32399-4001
(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 which is at the following financial institution:

(CITY) _____ I authorize the financial institution to charge such withdrawals or deposits to my listed account. The amount of such Lottery withdrawals or deposits will be equal to the amount shown on my settlement for transactions of which I maintain a record. I also authorize the adjustment of entries to correct errors and to collect additional charges which may include penalties and/or interest.

The Lottery accepts only business/commercial checking accounts; personal or savings accounts cannot be accepted. It is agreed that these withdrawals, deposits and adjustments will be electronically made by the Electronic Fund Transfer (EFT) System under the rules and regulations of the Florida Lottery and the National and Local Automated Clearing House (ACH) Association.

I UNDERSTAND THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL WRITTEN CONFIRMATION OF A BANK ACCOUNT CHANGE IS RECEIVED FROM THE LOTTERY OR UNTIL 30 DAYS FOLLOWING TERMINATION OF THE LOTTERY RETAILER CONTRACT. I HAVE ATTACHED A VOID CHECK TO THIS FORM FOR THE ACCOUNT SHOWN ABOVE.

See Instructions on back

1. Business Name as Shown on Bank Account _____

2. Doing Business As (registered with your bank) _____

3. Business Address: Street/PO Box _____

City _____ State _____ Zip _____

4. Bank Routing Number (9 Digits)

5. Business Account Number _____

6. Effective Date Requested _____ Florida Lottery Location ID Number (If Known) _____

7. _____
Signature of Authorized Owner, Partner, Officer Date

Print or Type Name/Title Contact Telephone Number

CONTACT CASH & RECEIVABLES AT (850) 487-7734 FOR ALL CHANGES IN BANK ACCOUNT INFORMATION. THE LOTTERY WILL SEND YOU WRITTEN CONFIRMATION OF THE ACCOUNT CHANGE.

FOR LOTTERY USE ONLY – DO NOT WRITE BELOW THIS LINE

(Circle One) New Retailer EFT Change of EFT Other

Location ID Number: _____ District: _____

Comments _____

Sales Representative Signature SR Number Date

Lottery Headquarters Representative Signature Date

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 under the “doing business as” space.

This name **MUST** be registered with your bank.

3. BUSINESS ADDRESS, CITY, STATE, AND ZIP

Provide address of your business.

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. BUSINESS ACCOUNT NUMBER

Provide your bank account number.

6. EFFECTIVE DATE REQUESTED

Enter the effective date requested for establishing this account. Advance notice of ten 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 **VOID CHECK** to this bank account form. If a check is not available, attach a statement from the bank which lists the bank routing number and business 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.

OTHER

Circle this choice only if this is the support documentation for a bank account change which has already been made.

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.