



# 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 insure 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**

# REQUIRED

**PLEASE ATTACH A VOID CHECK OR SPECIFICATION SHEET FROM BANK BRANCH**

PLEASE NOTE: The information obtained will remain confidential.