



EFT AUTHORIZATION

Ltd. V/L Retailer Information

1. Lottery I.D. # _____
2. Retailer/Agent Name _____
3. Address _____
4. City/State/Zip _____
5. Telephone No: _____

Financial Information



1. Name of Financial Institution: _____
2. Routing/ABA Number: _____
3. Checking / Savings Acct #: _____

Attach a voided check(checking) or deposit slip (savings) from acct.

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 same any amounts owed by or due me (us) to/from STATE. This authority is to remain in full force and effect until the STATE has received WRITTEN NOTIFICATION from me (us) of its termination in such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

1. _____
(Printed Name) (Authorized Signature) (Title) (Date)
2. _____
(Printed Name) (Authorized Signature) (Title) (Date)