



# 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.