



Authorization Agreement for Electronic Fund Transfer/Payments

Retailer _____

Contact Phone Number _____ Business Phone Number _____

I (we) acknowledge my (our) liability for the payment of Lottery obligations, and I (we) agree to hold funds generated from the sale of Lottery tickets in trust for the Lottery. I (we) hereby authorize the Washington's Lottery to initiate entries to my (our)

Checking Account or **Savings Account** indicated, and the financial institution named below to debit/credit the same to this account.

Effective Date _____ Change of Bank Account (Current Retailer)

This authority is to remain in full force and effect until the above named has received written notification from me (or either of us) of its termination so as to afford the interested parties a reasonable time to act on it.

Owner or authorized members of this account signature only.

Printed Name _____

Signature _____ Date _____

**Please attach one of your checks here. Write "VOID" on the front of the check.
Or
Fill in the information below**

Financial Institution _____

Transit Routing Number

Account Number Information

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Washington's Lottery
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Fax: 360-515-0416
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