

ELECTRONIC FUND TRANSFER

[EFT] AUTHORIZATION FORM

I hereby authorize the Arkansas Scholarship Lottery to make automatic withdrawals or deposits each week from or into my business checking account which is at the following institution:

[CITY]_____. I authorize the financial institution to charge such with such withdrawals or deposits to my listed account. The amount of such Lottery withdrawals or deposits will be equal to the amount shown on any 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 Arkansas Scholarship 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.

1. Business Name as Shown on Bank Account _____
2. Doing Business As (registered with your bank) _____
Business Address: Street/PO Box _____
City _____ State _____ Zip _____
3. Bank Routing Number (9 Digits) _____
4. Bank Account Number _____
5. Effective Date Requested _____ ASL Retailer ID Number (if known) _____
6. _____
7. Signature of Authorized Owner, Partner, Officer _____ Date _____

Print or Type Name/Title Contact Telephone Number

CONTACT ASL FINANCE DIVISION – RECEIVABLES AT (501) 683-2000 FOR ALL CHANGES IN BANK ACCOUNT INFORMATION

FOR LOTTERY USE ONLY – DO NOT WRITE BELOW THIS LINE

(Circle One) New Retailer EFT Change of EFT Other

Location ID Number: _____ District/Region Number: _____

Comments _____

Marketing Sales Representative Signature MSR Number Date

Lottery Headquarters Representative Signature Date