RETAILER AGREEMENT FOR PREAUTHORIZED PAYMENTS

☐ **NEW** ☐ **CHANGE** **DATE** _____

(Please check if you are changing an existing account or if this is for a new application)

Retailer Name (as shown on bank account)	**CHAIN #**	**Retailer LOTTERY I.D. (REQUIRED)**
/ Virginia Lottery Trust		

I (we) hereby authorize the VIRGINIA LOTTERY, hereinafter called LOTTERY, to originate credit and debit entries and retrieve balance and transactional information from my (our) account. These withdrawals and deposits will adhere to the rules of the Lottery as well as National and Local Automated Clearing House (ACH) Associations.

This authority is to remain in full force and effect until LOTTERY and DEPOSITORY (Bank) receive written notification from me (or either of us) of its termination in such time and such manner as to afford LOTTERY and DEPOSITORY a reasonable time to act upon it.

Retailer Address		
City	State	Zip

EFT AUTHORIZATION OWNER'S NAME (print)	EFT AUTHORIZATION OWNER'S SIGNATURE (required)
EFT AUTHORIZATION NAME (print)	EFT AUTHORIZATION SIGNATURE

Bank Name:		
Branch:	Phone Number: ( )	
Address:		
City:	State	Zip

TRANSIT ROUTING NUMBER	ACCOUNT NUMBER INFORMATION

CHECK ONE: ☐ **Checking Account** ☐ **Savings Account**