



# FAX TRANSMITTAL

# OF PAGES	TODAY'S DATE	TIME
1		
TO	FROM	
COMPANY	COMPANY	DEPARTMENT
	MICHIGAN LOTTERY	ACCOUNTING
LOCATION	LOCATION	
	LANSING	
FAX #	TELEPHONE #	TELEPHONE #
	(517) 335-2125	

PLEASE FILL IN THE INFORMATION BELOW AND RETURN IT WITH A COPY OF EITHER A **VOID CHECK OR DEPOSIT SLIP** FROM THE ACCOUNT THAT YOU WISH US TO USE FOR THESE TRANSACTIONS.

EFFECTIVE DATE

MICHIGAN LOTTERY  
**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION**

Retailer #

I authorize the Michigan Lottery to make variable withdrawals or deposits from or into the checking account identified below, and authorize the financial institution to charge such withdrawals or deposits to my listed checking account. The amount of the withdrawals or deposits will be equal to the amount shown on my invoice for gaming transactions. Adjusting entries are also authorized.

It is agreed that these withdrawals, deposits and adjustments may be made electronically and under the rules of the National Automated Clearing House Association. I understand that this authorization will remain in effect until a termination or change of checking account is confirmed by the Michigan Lottery.

Please note that you are ineligible to pay by ACH if the bank account identified on the voided check/deposit ticket is funded or otherwise associated with a foreign bank account to the extent that the payment transaction would qualify as an International ACH Transaction (IAT) under the NACHA

**PLEASE ATTACH VOID CHECK OR DEPOSIT TICKET TO THIS AUTHORIZATION**

Contact Person	Contact Person's Telephone Number (     )	Store or Owner Fax # (     )
Business Name as Shown on Lottery License (Please Print)	Signature of Authorizing Party (Owner, Partner, Other)	Date
Address: Street, P.O. Box	City	State      Zip Code
Bank Name	Bank Telephone Number (     )	Checking (02)

**MUST BE RECEIVED BY 3:00 P.M. MONDAY TO BE EFFECTIVE FOR TUESDAY SETTLEMENT.**

COMPLETION: Mandatory.  
PENALTY: Loss of license.