



Nonprofit Organization Electronic Funds Transfer (ETF) Authorization

WISCONSIN LOTTERY
2135 Rimrock Road
PO Box 8941
Madison, WI 53708-8941
(608) 267-4804
FAX (608) 264-6644

Nonprofit Organization Name _____

I (We) hereby authorize the Wisconsin Lottery to initiate debit entries to the organization's:

(check one)

Checking Account

Savings Account

The financial institution has been notified that this account will be subject to EFT transactions.

| | | |
|-------------------------------|-------|-----|
| Name of Financial Institution | | |
| City | State | Zip |
| Account Number | | |
| ABA Transit Routing Number | | |

This authority is to remain in full force and effect until Lottery and the financial institution have received written notification from the organization of its termination in such time and in such manner as to afford the Lottery and the financial institution a reasonable time to act on it.

The entire amount of my Lottery direct deposit payment **IS** ultimately deposited to a financial institution outside the U.S.

The entire amount of my Lottery direct deposit payment **IS NOT** ultimately deposited to a financial institution outside the U.S.

PRINT NAME _____
Person Authorized to Financially Bind the Nonprofit Organization

Signature

Date

ATTACH VOIDED CHECK OR DEPOSIT SLIP FOR THE ABOVE ACCOUNT HERE