LOCATION LICENSE HOLDER

Coin Operated Amusement Machine (COAM)

Electronic Funds Transfer (EFT) Authorization Form

INSTRUCTIONS FOR LICENSEE: The COAM Licensee MUST establish a separate EFT bank account number from its traditional lottery account for the preservation and transfer of COAM funds. The separate bank account must be specified "IN TRUST FOR THE GEORGIA LOTTERY CORPORATION". The COAM licensee's depository institution must confirm the establishment of the Georgia Lottery Corporation Trust account by completing the section designated as "SUBMISSION INFORMATION FOR FINANCIAL INSTITUTION".

Please fill out ALL information requested below. Incomplete or incorrect information may delay the processing of your COAM application(s).

LICENSEE INFORMATION	
☐ Check Box if this is an update to an existing COAM EFT account. IMPORTANT: If box is checked, it may take two (2) full weekly accounting periods for your account to reflect the EFT change.	Location License Number
Corporate or Legal Name (List the name of the legal entity which owns the business and files income tax returns)	
Georgia State Tax Identifier Number (11 digits)	
Federal Employers ID Number (9 digits) Number used to file Federal business income tax return (Sole Proprietor use SSN)	

FINANCIAL INSTITUTION INFORMATION			
Bank Account Name (Corporate or legal name of entity which owns the business and files income taxes) \IN TRUST FOR THE GEORGIA LOTTERY CORPORATION			
Financial Institution Name			
FINANCIAL INSTITUTION ADDRESS			
Street	City	State	Zip Code/Postal Code
EFT Routing Number (9 digits)	EFT Bank Account Number		

LICENSEE AUTHORIZATION: I (we) hereby authorize the Georgia Lottery Corporation to initiate debit and credit entries in any available and appropriate amounts to my (our) account indicated above and authorize the depository named above to debit or credit the same to such account. I (we) hereby further authorize and direct the depository institution named above to release any information regarding such account, including, but not limited to, account balance information, payment history, and overdraft information to the Georgia Lottery Corporation upon request by an authorized representative of the Georgia Lottery Corporation. My (our) authorization is given in accordance with subsection (e)(2) of Section 502 of the "Gramm-Leach-Bliley Act of 1999" (15 U.S.C.A. § 6802) and shall remain in effect until expressly revoked by me (us) in writing. Any such revocation shall be deemed to have been properly given if sent by hand delivery, or by overnight courier, to such depository institution at the address set forth above. Such revocation shall be deemed to have been delivered on the date of delivery if by hand delivery or if by overnight courier, on the next business day following the deposit of such communication with the overnight courier.

SUBMISSION INFORMATION FOR COAM LOCATION LICENSE HOLDER, OWNER OR PRINCIPAL	
Printed Name of COAM Location License Holder, Owner or Principal	Title or Position
Signature of COAM Location License Holder, Owner or Principal	Date

INSTRUCTIONS FOR FINANCIAL INSTITUTION REPRESENTATIVE: The COAM account designated above must be separate from all other traditional lottery accounts and must be specified "IN TRUST FOR THE GEORGIA LOTTERY CORPORATION". **Example:** XYZ, Inc., D/B/A RCA Food Mart, In Trust for the Georgia Lottery Corporation.

FINANCIAL INSTITUTION ACKNOWLEDGEMENT: The above account has been established "IN TRUST FOR THE GEORIGA LOTTERY CORPORATION." We acknowledge that our customer, the COAM Licensee, has directed us to provide information concerning the above referenced account to the Georgia Lottery Corporation upon request by an authorized representative of the Georgia Lottery Corporation. We further acknowledge that the COAM Licensee has directed us to provide this information in accordance with subsection (e)(2) of Section 502 of the "Gramm-Leach-Bliley Act of 1999" (15 U.S.C.A. § 6802), and we will continue to provide such information as directed until receipt of COAM Licensee's written revocation in the manner set forth in the "LICENSEE AUTHORIZATION" section above.

SUBMISSION INFORMATION FOR FINANCIAL INSTITUTION/REPRESENTATIVE	
Printed Name of Financial Institution Representative	Telephone Number
Signature of Financial Institution Representative	Date

COMPLETED EFT AUTHORIZATION FORMS MUST BE FAXED TO (404) 215-8897

If you have questions about completing this form, please contact **Retailer Services COAM Helpline at (800) 746-8546**

INSTRUCTIONS FOR COMPLETING THE LOCATION LICENSE HOLDER COAM EFT AUTHORIZATION FORM

The Georgia Lottery Corporation (GLC) requires approved Class B Location License Holders to setup an Electronic Funds Transfer (EFT) account at a bank or financial institution. An EFT account allows the GLC to withdraw COAM proceeds on a weekly basis. The EFT account for COAM funds MUST be separate from other traditional lottery accounts.

Please complete this EFT form in its entirety. Leaving any of the fields blank will result in an incomplete or denied applications. If you have any questions regarding the use of this form or any of the information requirements, please contact us using the information listed at the bottom of EFT Authorization Form.

LICENSEE INFORAMTION

Check Box if this is an update to an existing COAM EFT account – Check this box if you are updating EFT information for an existing Class B COAM License.

Location License Number – Class B Location License number.

Corporate or Legal Name – Corporate or legal name of the business entity. The Corporate or Legal Name must match the business name filed with the Georgia Secretary of State's Office.

Georgia State Tax Identifier Number (11 digits) – Number provided by the Georgia Department of Revenue which serves as the reference for your business' tax license, liability, or credit.

Federal Employers ID Number (9 digits) – The nine (9) digit Federal employer identification number of your group, organization or corporation. If enrolling as an individual, provide your Social Security Number.

FINANCIAL INSTITUTION INFORMATION

Bank Account Name – Corporate or legal name of the entity which owns the business and files income taxes.

Financial Institution Name – Official name of applicant's bank or financial institution.

Street – The bank or financial institution's street address.

City – The bank or financial institution's city or town.

State – Must indicate Georgia (GA) as the bank or financial institution is required to be located in the State of Georgia.

Zip Code/Postal Code – The bank or financial institution's zip code/postal code.

EFT Routing Number (9 digits) – The bank or financial institution's nine (9) digit routing number where the entity/applicant maintains an account. Include applicable leading zeros.

EFT Bank Account Number – The entity/applicant account number at the bank or financial institution to which COAM funds are to be withdrawn. Include applicable leading zeros.

SUBMISSION INFORMATION FOR COAM LOCATION LICENSE HOLDER, OWNER OR PRINCIPAL

Printed Name of COAM Location License Holder, Owner or Principal – Printed first and last name of COAM Location License Holder, owner or principal of the business entity. This printed name must appear as an owner or principal on the Class B COAM application.

Title or Position – Printed title or position of the person signing the form.

Signature of COAM Location License Holder, Owner or Principal – Signature of the owner or principal of the business entity. This signature must appear as an owner or principal on the Class B COAM application.

Date – Date the EFT Authorization Form is signed by the owner or principal.

SUBMISSION INFORMATION FOR FINANCIAL INSTITUTION/REPRESENTATIVE

Printed Name of Financial Institution Representative – Printed first and last name of the bank or financial institution's representative attesting to the establishment of the COAM bank account and that it is specified "IN TRUST FOR THE GEORGIA LOTTERY CORPORATION".

Telephone Number – Bank or financial institution's telephone number.

Signature of Financial Institution Representative – Signature of the bank or financial institution's representative attesting to the establishment of the COAM bank account and that it is specified "IN TRUST FOR THE GEORGIA LOTTERY CORPORATION".

Date – Date the EFT Authorization Form is signed by the bank or financial institution's representative.

Submit the EFT Authorization Form by fax to (404) 215-8897.

If you have questions about completing this form, please contact: Retailer Services COAM Helpline
Phone: (800) 746-8546 • Email: COAMReporting@galottery.org • Response time may take up to ten (10) business days.