SECTION A: BUSINESS TAX INFORMATION			
Legal Business Name	Contact Person		
Address	City	State	ZIP Code
Email Address	Telephone Number	Fax Nun	nber
Federal Tax ID Number or IEIN/Social Security Number (9-digit number)			
Type of Business (please check one of the following)			
Sole Proprietorship Limited Liability Cooperation Partnership			
Corporation Limited Liability Partnership Other (please specify):			
SECTION B: ELECTRONIC FUNDS TRANSFER AUTHORIZATION			
This section will authorize the North Dakota Lottery to electronically with account of the financial institution listed below.	draw funds from the retailer's bank Change in Current Account	Effective	Date
Financial Institution Name	Type of Account Checking Savings	-	
Business Financial Institution Account Number*	Financial Institution Routing Number		
Authorized Business Signature	L	Date	
PRIVACY ACT NOTIFICATION If you are a sole proprietorship, your social security number is requested to enable the Office of Attorney General to determine whether any taxes, interest or penalties are due the State of North Dakota pursuant to N.D.C.C. section 53-12-13(1)(d) for determining whether the applicant is eligible to be a lottery retailer. Disclosure of your social security number is voluntary. However, if you do not provide your social security number, the Office of Attorney General may be unable to conduct a cross check with the ND Tax Dept. and may decline to process the retailer license application. Both parties of this authorization agree to be bound by the NACHA rules.			
Please make a copy of this form and give to your financial institution.			
Send Completed Form To: Office of Attorney General Lottery Division 1720 Burlington Drive Suite C Bismarck ND 58504-7736 Phone: (701) 328-1574 or (701) 328-1577 Fax: (701) 328-1580			
OPY OF VOIDED CHECK HERE			