STATE OF DELAWARE
DEPARTMENT OF FINANCE
STATE LOTTERY OFFICE
McKEE BUSINESS PARK
1575 McKEE ROAD, SUITE 102
DOVER, DELAWARE 19904-1903

OFFICE OF THE
DIRECTOR

TELEPHONE: (302) 739-5291
FAX: (302) 739-6706

Dear Applicant:

Thank you for your interest in applying for a Delaware Lottery Retailer License. Please find enclosed all of the forms, information, and instructions you will need to begin the application process.

THE PROCESS:

The Delaware Lottery licensing process will take place in five stages:

- Application preparation: The licensing process begins, first, with the Lottery's receipt of a complete and properly supported application for your business.
- Site assessment: Second, once your application is determined to be complete, Lottery representatives will visit your business site to observe and document business activities, the proposed point of sale within your facility, and the physical relationship of your facility within nearby business and residential communities.
- Application evaluation: Third, upon the completion of site assessments, the Lottery will assemble and evaluate your submissions and all of its findings.
- Background checks and ADA Inspection: Fourth, if all indications are favorable for issuance of a license, the Lottery will contact you to provide instructions for obtaining a criminal history background check and to schedule an inspection of the path to the point of sale in your business to determine compliance with the Americans with Disabilities Act (ADA).
- Application Approval or Denial: The Lottery will notify you, in writing, concerning the approval or denial of your application.

PLEASE READ THIS BEFORE COMPLETING ANY FORMS!

The typical time required to evaluate a business for a Lottery Retailer License is six to eight weeks when the application and related materials are properly completed. Most often, additional delays are preventable. The most common causes of processing delays are:

- Incomplete forms

  Read each form carefully, answer every question, and have every signature witnessed or notarized as indicated.
- Missing or incorrect financial and tax documents

  Refer to the required financial reports and tax filings chart on the following page. In the chart, find the appropriate business structure type (LLC, C or S corporation, Partnership, etc.) in the chart to identify the required, most recent, IRS tax forms and standard business financial reports you must submit with your application.
- Failure to disclose personal history

  The required SBI and FBI criminal history background check provided to the Lottery Director will report all non-traffic charges dating back 30 to 40 years. Check "Yes" where appropriate and provide a simple, signed explanation and disposition of the charge(s).
- Failure to provide a photocopy of a current State of Delaware Business License

  This must be a clear copy of the Business License for the location identified on the application form issued for the primary business activity conducted at that location.

REQUIRED APPLICATION FORMS AND MATERIALS

PLEASE NOTE:

All of the information and records received by the Lottery in the course of evaluating your business for a Lottery Retailer License—whether provided by you or others—will be treated and held as confidential, as declared by Delaware Law and Lottery Rules and Regulations. To apply for a Lottery retailer License, you must:

COMPLETE ALL OF THE ENCLOSED FORMS:

- Application for Delaware Lottery Retailer License
- W-9 Form
- Delaware State Lottery Retailer Agreement
- Guaranty Agreement
- Criminal History Affidavit
- Customer Authorization Agreement for Electronic Banking Transactions

ASSEMBLE AND LABEL, AS NEEDED, COPIES OF THE FOLLOWING ITEMS:

- Business License: Provide copy of up to date business license for applicant. License must be related to primary business activity.
- Financial Statements for your Business: Provide documents from most recently completed fiscal year. Please note, documentation should include balance sheet, income statement, and statement of cash flows. (If in business less than 6 months, please provide a filed, stamped copy of your Certificate of Inc./Formation in lieu of Financial Statements.)
- Most Recent Federal Tax Filings: See chart below for specifics. (If in business less than 1 year, please provide PERSONAL Income Tax Returns, including Schedules and W2s.)

Business Type	Financial Forms Required	Description
Corporation	• Corporate Income Tax Return	• Form 1120 and all relevant schedules
Limited Liability Company (LLC)	• See requirements for Corporations or Partnerships based on entity's federal filing status	• See requirements for Corporations or Partnerships based on entity's federal filing status
Partnership	• Partnership Return • Personal Income Tax Return for individual partners • Business Tax Return for partners who are also a business entity	• Form 1065, including Schedule K-1 • Form 1040, including Schedule E • Form 1120S or 1065, or relevant tax filing based on entity type. Include related schedules listed in this chart.
S-Corporation	• S-Corporation Return • Personal Income Tax Return	• Form 1120, including Schedule K-1 • Form 1040, including Schedule E

MAIL OR DELIVER ALL APPLICATION FORMS AND MATERIALS TO:

Delaware State Lottery
Attention: Retailer Licensing
1575 McKee Road, Suite 102
Dover, DE 19904

CONTACT:

Heather Shank: 302-744-1629
heather.shank@state.de.us

UPDATED APRIL 2018

The big payoff

Retailer Commissions and Bonuses

Commissions

- *Delaware Lottery Retailers receive a five percent (5%) sales commission for selling tickets for all games allowed by their license type.*
- *In addition, Retailers are paid one percent (1%) commission for every prize redeemed in their store by players who win from $1 to $599.*

Bonuses

- *A bonus of two percent (2%) of the prize amount is paid to a Retailer when an Instant Game prize of $100 or more is paid on a ticket sold in their store.*
- *A bonus of $1,000 or one percent (1%) of the prize amount, whichever amount is greater, is paid to a Retailer who sells a top-prize-winning ticket for MULTI-WIN LOTTO.*
- *A bonus of $500 is paid to a Retailer who sells a $25,000 winning ticket for LUCKY FOR LIFE™.*
- *A bonus of $5,000 is paid to a Retailer who sells a top-prize-winning ticket for LUCKY FOR LIFE™.*
- *A bonus of $1,000 is paid to a Retailer who sells a winning LOTTO AMERICA℠ ticket with a $100,000 All-Star Bonus prize.*
- *A bonus of $5,000 is paid to a Retailer who sells a jackpot-winning ticket for LOTTO AMERICA℠.*
- *A bonus of $10,000 is paid to a Retailer who sells a*
  - *jackpot-winning ticket for POWERBALL®.*
  - *jackpot-winning ticket for MEGA MILLIONS®.*
  - *POWERBALL® ticket that wins $1 million.*
  - *POWERBALL® ticket with POWER PLAY that wins $2 million.*
  - *MEGA MILLIONS® or MEGA MILLIONS® with MEGAPLIER ticket that wins $1 million to $5 million.*
  - *KENO® ticket that wins $1 million.*
- *The Lottery pays periodic bonus commissions to Retailers meeting the requirements of its Retailer incentive program. Retailer incentive programs are based on increases in sales for certain Lottery games. Sales for a Retailer incentive bonus period are compared to previous sales periods. Any increase in sales during the bonus period is rewarded by multiplying the increase by a bonus factor to determine the bonus amount.*
- *There are additional incentives for Retailers to increase their Lottery business from year to year.*

Delaware Lottery Games®

Delaware Lottery Office • McKee Business Park
1575 McKee Road Suite 102 • Dover, DE 19904
302-739-5291 • **delottery.com**

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APPLICATION FOR DELAWARE LOTTERY RETAILER LICENSE

Delaware Lottery
Retailer Licensing
1575 McKee Road, Suite 102
Dover, DE 19904-1903
Phone (302) 739-5291 / Fax (302)-739-7586

LOTTERY USE	
Retailer #	
Bus. Code	
Date Activated	
Territory	

Please type or print.

1. Trade name of your business. ***(Actual name under which you operate - d.b.a.)***

2. Location address of your business - physical address. ***(Use street & number or directions - NO P.O. Box or Rural Route no.)***

City **State** **Zip Code**

D E /

County
- ☐ New Castle
- ☐ Kent
- ☐ Sussex

Business phone ***(Area code & number)*** /

Fax Number ***(Area code & number)*** /

Email address (At least one (1) Required)

1.

2.

☐ **I would like to receive official Lottery notices at the above email address?**

3. Mailing address. ***(Street & number, P.O. Box or rural route and box number)***

City **State** **Zip Code**

/

4. Type of Business: **Proprietorship** ☐ **Partnership** ☐ **Corporation** ☐ **LLC** ☐

5. Corporate/LLC Name (if applicable):

6. Enter your Business ID# or Federal Employer's Identification (FEI) Number

DO NOT SUBMIT APPLICATION UNTIL YOU HAVE THE REQUIRED LICENSE(S) FOR YOU BUSINESS.

7. List owner(s), all partners, officer and directors of your business. ***(Attach additional sheets if necessary.)***

→ **Name** ***(First, middle initial, last)*** **Social Security Number**

Home address ***(Street & number, city, state, ZIP code)*** **Home phone** ***(Area code & number)***

Title **Date of birth**

→ **Name** ***(First, middle initial, last)*** **Social Security Number**

Home address ***(Street & number, city, state, ZIP code)*** **Home phone** ***(Area code & number)***

Title **Date of birth**

VENDOR/SUPPLIER REFERENCES

Three (3) references are required.

8. List Corporate Name, Contact Name and Phone Number

a. _____

b. _____

c.

CONTACT INFORMATION

9. Contact for Lottery Business. _____ **Contact person phone (Area code & number)** ( ) /

10. List primary contact persons at this business location.

Name _____ **Title/function** _____

Name _____ **Title/function** _____

ELIGIBILITY - Failure to fully disclose may result in denial of application or future license revocation.

11a. Has the applicant(s) been convicted of an offense other than a traffic violation? ☐ Yes ☐ No

11b. Has the applicant(s) been subject to any disciplinary action, past, or pending, by any administrative, governmental or regulatory body? ☐ Yes ☐ No

11c. Has the applicant(s) been charged with a violation of any statute, rule regulation or ordinance of any municipal, administrative, regulatory or other governmental body? ☐ Yes ☐ No

12. Is your business in default of any taxes, fees, or other obligations owed to STATE OF DELAWARE, local or federal government? ☐ Yes ☐ No

If "YES" to any of the above, attach detailed explanation.

CERTIFICATION

By completing this application, I am authorizing the Delaware State Lottery to investigate my finances completely, including permission to review my tax returns and other tax information.

I HEREBY CERTIFY that there are no misrepresentations or falsifications in the information stated in this application. I am aware that false or misleading statements will cause for rejection or revocation of Sales Retailer's License.

Signature of Applicant in Ink

Title

Print or Type Name

Sworn and Subscribed to before me, this _____ **DAY OF** _____ **A.D. 20** _____

Seal of Notary Public

FOR LOTTERY USE ONLY

	Signature	*Date*
Sales Rep.		
	ACCEPT ☐ **YES**	☐ **NO**
Sales Mgr.		
	ACCEPT ☐ **YES**	☐ **NO**
Marketing		
	ACCEPT ☐ **YES**	☐ **NO**
Director		
	ACCEPT ☐ **YES**	☐ **NO**

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** ►	**Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

STATE OF DELAWARE
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Telephone: (302) 739-5291
Fax: (302) 739-7586

DELAWARE STATE LOTTERY RETAILER AGREEMENT

AGREEMENT, between the Delaware State Lottery, hereinafter referred to as the "Lottery", and Applicant, hereinafter referred to as the "Retailer", for the sale of Lottery tickets. The Parties hereto agree to:

1. **IN ACCORDANCE WITH THE INSTRUCTIONS FROM THE LOTTERY AS MAY BE AMENDED FROM TIME TO TIME, THE RETAILER AGREES TO:**
   a. Provide services for the sale of all Games tickets.
   b. Maintain services to the standard of a reasonably prudent businessperson and sell all lottery games.
   c. Be financially responsible to the Lottery and deposit all revenues derived from the sale of Lottery tickets for and on behalf of the Lottery in a designated Lottery checking account.
   d. Prominently post point of sale and other promotional material supplied by the Lottery including all current Instant ticket games.
   e. Prominently display all active instant ticket games in full view of retail customers.
   f. Attend initial training sessions at the Dover Lottery Office and such additional training sessions as the Lottery shall require to ensure that the Retailer and his employees are properly trained in the operation of the Lottery provided equipment for the sale of Drawing Games and Instant tickets.
   g. Operate the Lottery provided equipment to process Lottery transactions for the convenience of adult customers during all hours and days that the Retailer's business is open to the public.
   h. Locate the Lottery provided equipment within the Retailer's premises only on a site approved by the Lottery.
   I. Provide full validation and claims services with immediate payment of all valid winning tickets for Lottery prizes up to $599 for each ticket claimed, without regard to where the ticket was purchased.
   j. Refer claims over $599 to Claim centers or the Lottery office. Claims over $5000 are to be referred to the Lottery office for validation and payment.
   k. Acquire the official results of any official Lottery drawing in a timely manner and publish the results prominently.
   l. Exercise due diligence in the operation of all Lottery provided equipment and immediately notify the Lottery of any communication or equipment malfunctions.
   m. Provide a secure environment for all Lottery provided equipment, signage, paper stock, and supplies.
   n. Perform routine maintenance on all Lottery provided equipment as instructed by the Lottery or its contractor.
   o. Provide sufficient space, electrical, technical and other site elements required to operate all Lottery provided equipment. The Retailer will provide and maintain all required environmental elements at its sole cost.
   p. Remit weekly settlements via Electronic Fund Transfer (EFT) according to schedules determined by the Lottery.
   q. Notify the Lottery immediately upon change of owners or partners of the corporation.
   r. Notify the Lottery at least 14 days in advance of the Retailer's intent to discontinue operations of his business either temporarily (due to vacation) or permanently.
   s. Immediately report any "out of order" condition of equipment to the appropriate maintenance personnel.
   t. Notify the Lottery at least 30 days in advance of the Retailer's intent to relocate the terminal. The terminal may not be moved without prior consent of the Lottery.
   u. Conduct all Lottery activities according to the provisions of the Delaware State Lottery Law and Rules and Regulations.

2. **IN CONSIDERATION OF THE ABOVE SERVICES TO BE PERFORMED BY THE RETAILER, THE LOTTERY AGREES TO:**
   a. Pay the selling and cashing commissions of all valid sales and prize redemptions, plus or minus adjustments.
   b. Provide, install, and maintain communications and selling equipment in the licensed retail establishment with no express or implied warranty of functional operability of selling systems, and no guarantee of the availability of products or services.
   c. Assist the Retailer in reasonable and practical sales, merchandising, and promotional activities.

3. RETAILER'S RIGHT TO SELL LOTTERY GAME TICKETS MAY BE TERMINATED AT ANY TIME BY THE LOTTERY FOR VIOLATION OF ANY OF THE PROVISIONS OF THIS AGREEMENT OR AT ANY TIME FOR CAUSE.

Retailer's right to sell Lottery game tickets may be terminated at any time by the Lottery for violation of any of the provisions of this agreement or at any time for cause. The Lottery reserves the right to remove the Lottery equipment from the Licensed Retailer's location when the Retailer fails to meet the average minimum sales volume requirements established by the Lottery at the time of issuance of a License. In exercising this right, the Lottery shall consider, for areas outside major population centers, such factors as the accessibility of the Retailer's place of business to the public and the sufficiency of Lottery selling terminals to serve the public convenience. As such, the Lottery may, at its sole discretion, establish and communicate to the Retailer an adjusted sales performance minimum for the location.

4. EQUIPMENT AND PROPERTY DAMAGE OR LOSS

All equipment, communications devices, ticket stock, and other items ("the equipment") furnished to the Retailer in connection with its functions as Retailer, shall at all times remain the sole property of the contractor providing the equipment to the State of Delaware. Retailer is responsible for the loss or for damage to the equipment beyond normal wear and tear.

5. NON-SUFFICIENT FUNDS (NSF) SWEEP POLICY FOR ELECTRONIC FUND TRANSFER (EFT)

Retailer shall have sufficient funds in the designated Lottery checking account on EFT sweep days (each Tuesday). At the discretion of the Lottery, NSF will result in any or all of the following actions:

a.	***1st***	***NSF SWEEP***	Telephone call to Retailer and re-sweep of NSF amount.
b.	***2nd***	***NSF SWEEP***	Telephone call to Retailer and terminal pinned until Lottery is in receipt of certified check for the NSF amount. Retailer has 5 business days to bring the certified check for the NSF to the Lottery office.
c.	***3rd***	***NSF SWEEP***	Telephone call to Retailer and terminal pinned for 10 days after the Lottery is in receipt of certified check for the NSF amount. Retailer has 5 business days to bring the certified check to the Lottery office.
d.	***4th***	***NSF SWEEP***	Lottery License will be suspended pending revocation.

6. ENTRY OF PLAYS

Plays may only be entered manually using the Lottery terminal keypad or touch screen or by means of a play slip provided by the Lottery and hand-marked by the player. Retailers shall not permit the use of facsimiles or copies of play slips, or other materials that are inserted into the terminal's play slip reader that are not printed or approved by the Lottery. Retailers shall not permit any device to be connected to any Lottery provided equipment to enter plays, except as approved by the Lottery.

7. TELEPHONE OR CREDIT SALES/ORDERS

Telephone sales/orders are strictly prohibited for all Lottery Games. Sales on credit are also prohibited. The only orders for Lottery Games a Retailer may accept are those placed in person with payment made at the time of purchase.

8. AGREEMENT EFFECTIVITY

This agreement shall take effect upon acceptance by the Delaware State Lottery and shall continue until terminated by 14 days prior written notice by either party, or at any time by the Lottery for cause.

Applicant's Name of Business _____

Address _____

Street *City* *State* *Zip Code*

APPLICANT	APPROVED BY THE DELAWARE LOTTERY
By: _____ *Applicant's Signature*	_____ *State Lottery Director*
_____ *Print Name* *Title*	**Date:** _____
_____ *Witness*	
Date: _____	

Guaranty Agreement

This Guaranty Agreement made by _____ [hereinafter Guarantor (s)]
(Name of Corporation)
and dated _____, 20____.

WITNESSETH

For and in consideration of and as an inducement to the Delaware State Lottery Director to grant Guarantor (s) a Lottery Ticket sales agent license for _____
(Name of Corporation)
to the Delaware State Lottery.

The Guarantor (s) jointly and severally agree that if the debits, charges, and obligations of _____ are not satisfied when due, the Guarantor (s) will upon demand
(Name of Corporation)
by the Delaware State Lottery, forthwith satisfy all debts or obligations of _____.
(Name of Corporation)
Nothing including bankruptcy of _____ shall discharge the responsibility of the
(Name of Corporation)
Guarantor (s) hereunder for all debts, charges, or obligations.

In witness whereof, the Guarantor (s) intending to be jointly and severally legally bound hereby, have duly executed this Guaranty Agreement as of this date and year aforesaid.

SIGNATURES:

_____
Date

_____
Date

_____
Date

_____
Date

WITNESSES:

_____
Date

_____
Date

_____
Date

_____
Date

This agreement should be signed by Stockholder, Director, Officers, and Spouses.

STATE OF DELAWARE
DEPARTMENT OF FINANCE
STATE LOTTERY OFFICE
McKEE BUSINESS PARK
1575 McKEE ROAD, SUITE 102
DOVER, DELAWARE 19904-1903

OFFICE OF THE
DIRECTOR

TELEPHONE: (302) 739-5291
FAX: (302) 739-6706

CRIMINAL HISTORY AFFIDAVIT

_____, being duly sworn, hereby states as follows:
(Name of Individual)

1. That the affiant has submitted an application for a license as a Lottery retailer for

_____
(Name of Store)

at _____.
(Street Address)

2. That the affiant has no criminal record whatsoever.

3. That the affiant agrees that the Lottery may issue a conditional license to

_____. The license is conditional on the
(Name of Store)

Lottery's receipt of the F.B.I. criminal history report for affiant which contains no Criminal record history.

4. That the affiant agrees that the Lottery can and will immediately revoke the above-described conditional license if it receives an F.B.I. report containing criminal history information for the affiant.

_____
(Individual's Signature)

SWORN TO AND SUBSCRIBED before me this _____ day of _____,

_____.

_____
Notary Public

Delaware Lottery

delottery.com

DELAWARE LOTTERY ELECTRONIC TRANSFERS
CUSTOMER AUTHORIZATION AGREEMENT
PRE-ARRANGED DEBITS AND/OR CREDITS

Retailer Number:

Delaware Lottery Retailer Name:

Business Name as shown on Bank Account:	**Federal Tax ID #:**
Business Address :	**Telephone number:**

City:	**State:**	**Zip Code:**

Bank routing number:	***This is a 9-digit number used by your bank for routing purposes. You may obtain this information by calling your banker.***
Bank account number:	***Enter only bank checking account number. Do not include spaces, dashes, or hyphens.***
Effective Date Requested:	***Enter the effective date requested for establishing this account. Advance notice is required by the Lottery for any bank account changes.***

Signature of authorized party (Must be the same signature on a bank account and an authorized representative of the business):

Sign Here → | **Print Name →** | **Today's Date:**

I, (We) hereby authorized the Delaware State Lottery to effect payment for amounts owing by me (us) or to me (us) to the Lottery by initiating debit or credit entries to my (our) account indicated above as such amounts become due without any further authorization from me (us). I, (we) authorized the bank to accept such debit or credit entries initiated by the Lottery without responsibility for the correctness thereof or existence of any further authorization relating thereto.

Bank Name	**Branch**
Bank Address	**Telephone Number**

It is understood that this agreement may be terminated by me (us) at any time by written notification to the Lottery or Bank. Any such notification to the Lottery or Bank shall be effective only with respect to entries initiated by the Lottery after receipt of such notification and a reasonable opportunity to act on it. It is understood that all entries initiated by the Lottery pursuant to this agreement shall be subject to the following provisions: (1) Participant may by notice to bank stop payment of any entry initiated by the Lottery but such notice must be received by the Bank in such time to afford a reasonable time to act on it. An oral notice shall be binding on Bank only for fourteen (14) calendar days unless confirmed in writing within that period. (2) If an entry is erroneously initiated by the Lottery , then the participant shall have the right to have the amount of such entry adjusted within fifteen (15) calendar days following the date sent.

Be certain to **ATTACH A VOIDED CHECK** to this form. If a check is not available, attach a letter from bank that lists bank routing number and account number. **Do not send a deposit slip, or photocopy of a check.**

FAX FORM BACK TO LOTTERY @ 302-622-4469

STAPLE CHECK HERE

SUBMITTING INCORRECT/INCOMPLETE EFT INFORMATION MAY DELAY PROCESSING TIME .

FOR LOTTERY USE ONLY-DO NOT WRITE IN BOX BELOW.

☐ **New Retailer** ☐ **New Retailer Keno Only** ☐ **Change EFT Keno/Sports Only**

☐ **New Retailer Sports Only** ☐ **Change EFT** ☐ **Other**

Comments:

Sign Here → **Lottery Employee Signature:** | **Date:**

Date GMS Changed:	**Initials:**	**Date Sweep Verified:**	**Initials:**