

WV State Treasurer's Office

John D. Perdue, State Treasurer



EFT AUTHORIZATION

Retailer Information

1. ABC Retailer License Number: _____
2. Telephone Number: _____
3. Retailer Name: _____
4. Address: _____

Financial Institution



PLEASE NOTE

*This Form
MUST BE
accompanied by a
voided check or it
WILL NOT
be processed.*

1. Name of Financial Institution: _____
 2. Address: _____
 3. Routing Number: _____
 4. Account Number: _____
- Check One: Checking Savings

ATTACH A VOIDED CHECK!

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any debit entries in error into my bank account indicated above and the Financial Institution named above, hereinafter called DEPOSITORY, to debit the same any amount(s) owed by me to the State of West Virginia. This authority is to remain in full force and effect until STATE has received written notification from me of its termination in such time and in such manner as to afford STATE and DEPOSITORY a reasonable opportunity to act on it.

(Authorized Signature)

(Date)

Please complete form and return to

WV ABCA ATTN: Accounting
900 Pennsylvania Ave. 4th Floor
Charleston WV 25302