



Washington's Lottery
 814 E 4th Avenue
 PO Box 43027
 Olympia, Washington 98504-3027
 1-800-732-5101 Ext 4 Fax (360) 586-6586
 Telecommunications Device for the Deaf (TDD): (360) 586-0933

Substitute W-9
 And/or
 EFT Authorization

**Request for Taxpayer
 Identification Number and Certification/Substitute W-9**

Social Security Number	Employer Identification Number																				
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Enter your Taxpayer Identification Number in the appropriate box. For individuals, this is your Social Security Number. A sole proprietor without employees must list a Social Security Number or Employer Identification Number. For other entities, list your Employer Identification Number.

Authorization Agreement for Electronic Fund Transfer/Payments

Retailer _____ Retailer # _____
(Current Retailer)

Contact Phone Number _____ Business Phone Number _____

I (we) acknowledge my (our) liability for the payment of Lottery obligations, and I (we) agree to hold funds generated from the sale of Lottery tickets in trust for the Lottery. I (we) hereby authorize the Washington's Lottery to initiate entries to my (our) **Checking Account** or **Savings Account** indicated below, and the financial institution named below to debit/credit the same to this account.

Effective Date _____ Change of Bank Account (Current Retailer)

This authority is to remain in full force and effect until the above named has received written notification from me (or either of us) of its termination so as to afford the interested parties a reasonable time to act on it.

Owner or authorized members of this account signature only.

Certification – Under penalty of perjury, I certify that the number shown on this form is my correct Taxpayer Identification number.

Print Name _____ Signature _____ Date _____

**Please attach one of your checks here.
 Write "VOID" on the front of the check.
 Or
 Fill in the information below**

Financial Institution _____

Transit Routing Number	Account Number Information																				
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