Rev 4-26-16

SCEL Retailer License Application

SCEL USE ONLY
Entered by:
Date:

SCHEDULE D – ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM
ALL QUESTIONS ARE REQUIRED TO BE ANSWERED.

1

Application Type: **Please Type or Print Clearly in Blue or Black Ink Only.**

☐ New License ☐ Changing Bank Accounts SCEL Retailer License #: ☐☐☐☐☐☐

☐ Changing Owners

NAME OF LEGAL ENTITY, COMPANY, OR SOLE PROPRIETOR'S NAME:	D.B.A. (Doing Business As):	
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:

2

A lottery retailer is required by South Carolina law to maintain an Electronic Funds Transfer (EFT) account with a financial institution which is separate from any other account the business or person may be using.

- By law, this EFT account must remain **separate from a retailer's operating account** and all other funds.
- Upon approval of the Executive Director, the EFT account may be used for the deposit of SCEL proceeds and lottery proceeds from other lottery states.

NOTE: Institution must be insured by the Federal Deposit Insurance Corporation (FDIC) or its equivalent. Please contact your Financial Institution if you have a question.

3

Yes ☐ No ☐ Will you deposit lottery proceeds from any other state into this EFT account?

Yes ☐ No ☐ Will you use this EFT account for any purpose other than the deposit of lottery proceeds?

(By law, written approval from SCEL is required IF EITHER response is yes.)

4

EFT ACCOUNT INFORMATION

ONE BANK ACCOUNT MAY BE USED FOR MULTIPLE RETAILER LOCATIONS. PLEASE ATTACH A LISTING FOR ALL LOCATIONS. IF SEPARATE BANK ACCOUNTS ARE USED, PLEASE COMPLETE AN EFT AUTHORIZATION FORM FOR EACH LOCATION'S ACCOUNT.

*ACCOUNT NUMBER:	*ROUTING/ABA NUMBER:
☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐

☐ **CHECKING ACCOUNT** Or ☐ **SAVINGS ACCOUNT**

ACCOUNT NAME: _____

The account name must include: "Held in Trust for SC Education Lottery"

NAME OF FINANCIAL INSTITUTION:_____

***Please contact your financial institution for assistance in determining the account name, the correct EFT routing number, and the account number. An incorrect number may result in an insufficient funds charge against your lottery retailer account.**

5

I (we) hereby authorize the South Carolina Education Lottery (SCEL) to initiate debit and/or credit entries into my (our) account indicated above and the Financial Institution named above (DEPOSITORY) to debit and/or credit the same any amounts owed by or due me (us) to/from SCEL. This authority is to remain in full force and effect until SCEL has received WRITTEN NOTIFICATION from me (us) of its termination in such time and in such manner as to afford the SCEL and DEPOSITORY a reasonable opportunity to act. **By signing below I (we) certify that the above named account will be used only for the deposit of lottery proceeds and I (we) authorize the DEPOSITORY to release deposit, withdrawal, balance and other information relating to the account to representatives of SCEL upon request. I (we) further understand that upon deposit all lottery proceeds in the account are the property of SCEL.**

(PRINTED NAME)	**(OWNER OR AUTHORIZED SIGNATURE)**	(TITLE)	(DATE)
(PRINTED NAME)	**(OWNER OR AUTHORIZED SIGNATURE)**	(TITLE)	(DATE)

Phone Number, including Area Code: (____)____-_____

FAX TO: **(803) 737-0047,** EMAIL TO: **EFTProcessor@sclot.com**
Or, MAIL TO: SCEL, Finance Department, EFT Processor, P.O. Box 11949, Columbia, SC 29211-1949