

MASTER LICENSE HOLDER

Coin Operated Amusement Machine (COAM) Electronic Funds Transfer (EFT) Authorization Form



INSTRUCTIONS FOR SETTING UP YOUR ACCOUNT: To set up your account, you must open a separate bank account dedicated to COAM funds, which must be different from your Georgia Lottery retailer account. Your financial institution must verify that this account has been established by completing the section titled “**SUBMISSION INFORMATION FOR FINANCIAL INSTITUTION/REPRESENTATIVE**”. EFT Authorization Forms received after 12:00 p.m. (noon) EST on Fridays will be processed the next business day. Incomplete or incorrect information may delay the processing of your COAM application. For assistance, contact the **Retailer Services COAM Helpline at (800) 746-8546 (Option 6 and 2)**.

LICENSEE INFORMATION			
<input type="checkbox"/> Check Box if this is an update to an existing COAM EFT account (if applicable). If checked, please allow up to two full weekly accounting periods for the updated EFT information to take effect.	Master License Number		
Corporate or Legal Name (This must match the business name on file with the Georgia Secretary of State)			
Federal Employers ID Number (9 digits) Number used to file Federal business income tax return (Sole Proprietor use SSN)	<input type="text"/>	<input type="text"/>	<input type="text"/>
FINANCIAL INSTITUTION INFORMATION			
Bank Account Name (Corporate or legal name of the business entity that owns the COAM business and files income taxes)			
Financial Institution Name			
FINANCIAL INSTITUTION ADDRESS			
Street	City	State	Zip Code
EFT Routing Number (9 digits)	<input type="text"/>	<input type="text"/>	EFT Bank Account Number

LICENSEE AUTHORIZATION: I (we) hereby authorize the Georgia Lottery Corporation to initiate debit and credit entries in any available and appropriate amounts to my (our) account indicated above and authorize the depository named above to debit or credit the same to such account. I (we) hereby further authorize and direct the depository institution named above to release any information regarding such account, including, but not limited to, account balance information, payment history, and overdraft information to the Georgia Lottery Corporation upon request by an authorized representative of the Georgia Lottery Corporation. My (our) authorization is given in accordance with subsection (e)(2) of Section 502 of the “Gramm-Leach-Bliley Act of 1999” (15 U.S.C.A. § 6802) and shall remain in effect until expressly revoked by me (us) in writing. Any such revocation shall be deemed to have been properly given if sent by hand delivery, or by overnight courier, to such depository institution at the address set forth above. Such revocation shall be deemed to have been delivered on the date of delivery if by hand delivery or if by overnight courier, on the next business day following the deposit of such communication with the overnight courier.

SUBMISSION INFORMATION FOR COAM MASTER LICENSE HOLDER, OWNER OR PRINCIPAL	
Printed Name of COAM Master License Holder, Owner or Principal	Title or Position
Signature of COAM Master License Holder, Owner or Principal	Date

INSTRUCTIONS FOR FINANCIAL INSTITUTION REPRESENTATIVE: The COAM account listed above must be separate account, distinct from any traditional Georgia Lottery retailer accounts.

FINANCIAL INSTITUTION ACKNOWLEDGEMENT: We acknowledge that our customer, the COAM Licensee, has directed us to provide information concerning the above referenced account to the Georgia Lottery Corporation upon request by an authorized representative of the Georgia Lottery Corporation. We further acknowledge that the COAM Licensee has directed us to provide this information in accordance with subsection (e)(2) of Section 502 of the “Gramm-Leach-Bliley Act of 1999” (15 U.S.C.A. § 6802), and we will continue to provide such information as directed until receipt of COAM Licensee’s written revocation in the manner set forth in the “LICENSEE AUTHORIZATION” section above.

SUBMISSION INFORMATION FOR FINANCIAL INSTITUTION/REPRESENTATIVE	
Printed Name of Financial Institution Representative	Telephone Number
Signature of Financial Institution Representative	Date

STEPS TO SAFELY UPLOAD YOUR EFT AUTHORIZATION FORM
For security and processing purposes, the Georgia Lottery Corporation only accepts EFT Authorization Forms through the COAM website upload portal. Forms submitted by fax or email will not be accepted or acknowledged. Upload your completed form at www.gacoam.com .
Step 1 Log in to the COAM website at www.gacoam.com using your email address and password. In the Navigation Bar, select Account , then choose Upload Documents from the submenu. From the Select a Business dropdown, choose your business.
Step 2 In the Document Type dropdown, select EFT Authorization Form . Click Choose a File , locate your EFT Authorization Form on your computer, and click Open to attach the form. Then click the Upload button to submit the form.
Step 3 Confirm submission by emailing RCA-COAM@galottery.org and COAMupdate@galottery.org . Important: Include your COAM License number in the email to ensure proper processing.

INSTRUCTIONS FOR COMPLETING THE MASTER LICENSE HOLDER COAM EFT AUTHORIZATION FORM

The Georgia Lottery Corporation (GLC) requires all approved Class B Master License Holders to establish an Electronic Funds Transfer (EFT) account at a bank or financial institution. This account enables the GLC to deposit or withdraw COAM proceeds on a weekly basis. The EFT account for COAM funds must be separate from any traditional Georgia Lottery account. Please complete the EFT Authorization Form in full. Any missing information may result in delays or denial of your application. If you have questions about how to complete this form or need clarification on any requirements, **contact the Retailer Services COAM Helpline at (800) 746-8546 (Option 6 and 2)**. EFT Authorization Forms uploaded to the COAM website after **12:00 p.m. (noon) EST on Fridays** will be processed on the next business day.

LICENSEE INFORMATION

Check Box if this is an update to an existing COAM EFT account – Select this box if you are updating EFT information for an existing Class B COAM License.

Master License Number – Enter the Class B Master License Number.

Corporate or Legal Name – Enter the corporate or legal name of the business entity. The name must match exactly what is filed with the Georgia Secretary of State's Office.

Federal Employers ID Number (9 digits) – Enter the nine-digit Federal Employer Identification Number of your business, organization or corporation. If you are enrolling as an individual, provide your Social Security Number instead.

FINANCIAL INSTITUTION INFORMATION

Bank Account Name – Enter the corporate or legal name of the entity that owns the business and files income taxes.

Financial Institution Name – Enter the official name of the bank or financial institution.

Street – Provide the street address of the bank or financial institution.

City – Enter the city or town where the bank or financial institution is located.

State – Must indicate **Georgia (GA)**. The bank or financial institution is required to be in the State of Georgia.

Zip Code/Postal Code – Enter the bank or financial institution's zip or postal code.

EFT Routing Number (9 digits) – Enter the nine-digit routing number for the bank or financial institution where the account is held. Include all leading zeros.

EFT Bank Account Number – Enter the account number where the COAM funds will be withdrawn. Include any leading zeros.

SUBMISSION INFORMATION FOR COAM MASTER LICENSE HOLDER, OWNER OR PRINCIPAL

Printed Name of COAM Master License Holder, Owner or Principal – Enter the first and last name of the COAM Master License Holder, owner or principal of the business. This individual must be listed as an owner or principal on the Class B COAM application.

Title or Position – Enter the title or position of the person signing the form.

Signature of COAM Master License Holder, Owner or Principal – The owner or principal must sign here. The individual signing must appear as an owner or principal on the Class B COAM application.

Date – Enter the date the EFT Authorization Form is signed by the owner or principal.

SUBMISSION INFORMATION FOR FINANCIAL INSTITUTION/REPRESENTATIVE

Printed Name of Financial Institution Representative – Enter the first and last name of the bank or financial institution's representative.

Telephone Number – Enter the bank or financial institution's telephone number.

Signature of Financial Institution Representative – The representative must sign here to certify that the COAM account has been established.

Date – Enter the date the representative signs the EFT Authorization Form.