AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

Issuing Agent Name	Issuing Agent Number
Owner or Authorized Corporate Officer	
Mailing Address	
Phone Number	Fax Number
Contact Person	
Phone Number of Contact Person	
Name of Financial Institution	
Address	
Phone Number	
Exact Name as it appears on Account	
Transit Routing/ABA Number (9 digits)	
Account Number	
Type of Account:	
I hereby authorize the Pennsylvania Game Commission (PGC), or its duly authorized agent, to make automatic withdrawals for license, permit, equipment rental and other fees, as applicable, on a schedule determined by the PGC from my checking or savings account, located at the Financial Institution (FI) named above, and authorize the FI to charge such withdrawals to my listed account. The amount of such PGC withdrawal will be equal to the amount shown on my electronic funds transfer (EFT) notification of transaction, of which I am provided a record. Adjusting entries to correct errors and to collect additional charges, which may include cost of equipment replacement and penalties, are also authorized according to my agreement with the PGC.	
Owner or Officer Name	Title
(as indicated above) Please Print	
Signed	Date

Attach a voided, cancelled or copy of a check from the account chosen for electronic payment; authorization CANNOT be processed without this attached.

Staple voided check **HERE**