

EXHIBIT A
AUTHORIZATION AGREEMENT
FOR ELECTRONIC FUNDS TRANSFER (EFT)

Issuing Agent Name _____

Owner or Authorized Corporate Officer _____

Mailing Address _____

E-Mail 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: Checking Account Savings 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**

PRINT

SAVE

RESET