

# Alcohol Beverage Control Administration



**EFT AUTHORIZATION**

## ABC Retailer Information

ABC Retailer License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Retailer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## Financial Institution

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking \_\_\_ Savings \_\_\_ General Ledger \_\_\_

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any debit entries in error into my bank account indicated above and the Financial Institution named above, hereinafter called DEPOSITORY, to debit the same any amount(s) owed by me to the State of West Virginia. This authority is to remain in full force and effect until STATE has received written notification from me of its termination in such time and in such manner as to afford STATE and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Name) (Authorized Signature)

\_\_\_\_\_  
(Print Title) (Date)

Please complete form and return to:

**WV ABC Administration  
Licensing Division  
322-70<sup>th</sup> Street, SE  
Charleston, WV 25304**