



# Method of Prize Payment Form

## SECTION 1 (To be completed by Player)

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

I hereby authorize the Florida Lottery to make payment of my prize winnings in the form of:

ACH \_\_\_\_\_ Wire Transfer \_\_\_\_\_ Check \_\_\_\_\_

**If you would like the funds transferred electronically into your bank account, please complete this section.**

Bank Name \_\_\_\_\_

Account Holder's Name \_\_\_\_\_

Bank ACH Number \_\_\_\_\_ Account Number \_\_\_\_\_

Wire Routing Number \_\_\_\_\_

Account Type: ( ) Checking ( ) Savings ( ) Other ( ) See attached instructions for ACH/Wire Transfer.

Bank Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**I authorize the above referenced bank to confirm and release all indicated information for the account listed above to the Florida Lottery.**

**Claimant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## SECTION 2 (To be completed by Lottery Employee and initialed by Claimant)

Bank info verified: (Bank Rep.) \_\_\_\_\_ by: \_\_\_\_\_ Date: \_\_\_\_\_

Additional wins: No \_\_\_\_\_ Yes \_\_\_\_\_ Prize amount: \_\_\_\_\_

Scheduled Payment Date: \_\_\_\_\_

Payment Option: [ ] Cash Option [ ] Annual Payment Option

Gross amount: \$ \_\_\_\_\_ SOD amount (if applicable): \$ \_\_\_\_\_

Net amount: \$ \_\_\_\_\_ Claimant's initials: \_\_\_\_\_

Section 2 completed by: \_\_\_\_\_ Date: \_\_\_\_\_