

**OHIO CASINO CONTROL COMMISSION  
Gaming Vendor & Key Employee License  
ACH Credit Authorization Agreement  
Electronic Funds Transfer**

<b>PART I Please type or print information</b>	<b>Federal ID Number</b>
<b>Name</b>	<b>Contact Person</b>
<b>Mailing Address (Street Number, Box Number)</b>	<b>Telephone Number</b>
<b>City, State, Zip Code</b>	<b>Fax Number</b>
<b>E-mail Address</b>	

<b>PART II LICENSE FEE TYPE</b>	<input type="checkbox"/> <b>NEW ACH ACCOUNT</b>	<input type="checkbox"/> <b>MODIFY ACH ACCOUNT</b>
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**Gaming Vendor**

**Key Employee**

**PART III ACH CREDIT OPTION** (Taxpayer initiates payment through their Financial Institution)

I hereby request the State of Ohio Casino Control Commission to grant authority for the above named payer to initiate ACH Credit Transactions to the Ohio Casino Control Commission’s Financial Institution. It is understood that these transactions must be in the NACHA CCD+ format using the TXP Payment Convention and may only be initiated for the License Fee type specified above.

<b>Authorized Signature</b>	<b>Date</b>
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**This form should be submitted through the Ohio Casino Control’s Commission secure portal along with the Gaming Vendor Application or the Key Employee Application.**