

AUTHORITY TO MAKE DIRECT PAYMENTS (ACH DEBITS)
STATE OF WYOMING, DEPARTMENT OF REVENUE
LIQUOR DIVISION

Licensee Information			
WLD Customer Number:			
Licensee Name:			
DBA:			
Location Address:			
City:		Zip:	
Telephone:		Fax:	
Email:			

Financial Institution Information						
Financial Institution Name:						
Street Address:						
City:						
State:		Zip:				
Bank Phone Number:						
Routing Number:						
Account Number:						
Account Type:	(only select one)	Checking:	<input type="checkbox"/>	OR	Savings:	<input type="checkbox"/>
Bank Representative Name:						
Bank Representative Signature:				Date:		

**ATTACH CANCELLED OR VOIDED SAMPLE OF CHECK
OR
OBTAIN BANK REPRESENTATIVE SIGNATURE IF
CHECKLESS ACCOUNT**

I (we) hereby authorize Wyoming Department of Revenue Liquor Division (WLD), to initiate debit entries to my (our) account number as indicated above.

This authorization is to remain in full force and effect until WLD has received written notification from the liquor licensee of its termination in such time and in such manner as to afford WLD a reasonable opportunity to act on it.

Authorized Signature:	
Print Name:	
Date:	

Please Fax to 307-777-6255