



Retailer Point of Contact (POC) Authorization Form

North Carolina Education Lottery
2100 Yonkers Road
Raleigh, NC 27604
(877)382-4530 Option 2, option 1
TTY: (888) 663-0154
Fax: (919) 715-2709

I, _____, of _____
Owner's Full Name Business' Tax Name and Employer Identification Number (EIN)

grant the North Carolina Education Lottery (NCEL) authorization to discuss all business matters regarding NCEL transactions with, location(s)

_____ on my behalf for _____

location(s).

Point of Contact's Full Name

Fill in "All" **OR** list Retailer ID #'s

Full Authorization (same access as an owner):

- Current or future applications including the **status** only for each background check which includes: discussing my credit, my security background and Department of Revenue status (personal information from the background checks will not be disclosed to POC)
- Account history (including non-sufficient funds) for all active and inactive accounts
- Ability to request contract termination

_____ can be reached at _____.
Point of Contact's Full Name POC's phone number

For verification purposes, his/her date of birth is _____ and the last four digits of his/her
POC Date of Birth

Social Security Number (SSN) are _____ .
POC last 4 digits of SSN

As the owner of the business, I understand it is my responsibility to contact the NCEL should the above mentioned individual need to be removed as a POC for my business.

Owner's Signature

Date

Notarial certificate for an acknowledgement: _____ County, _____ (State)

I certify that the following person personally appeared before me this day, acknowledging to me that he or she signed the foregoing document: _____ (name of principal)

Date: _____

(OFFICIAL SEAL)

(Official Signature of Notary)

(Printed Notary Public Name)

My commission expires: _____