



ILLINOIS GAMING BOARD

801 S. 7th St. ♠ Suite 400 South ♣ Springfield, Illinois 62703 ♥ tel 217/524-0226 ♦ fax 217/524-0228

Licensed Terminal Operator,

As a condition of being licensed as a Terminal Operator in the State of Illinois, you are required to have a specially created separate bank account to allow for the transfer of funds for Net Terminal Income tax payments in accordance with Section 60c of the Video Gaming Act. You will need to complete the attached form and attach a voided check from said account to be used for validation and testing. This signed authorization will allow Scientific Games International Inc. to initiate a transfer of funds from the designated account for the Net Terminal Income Taxes and Central Communication System Fees that are due.

Please return this completed and signed ACH Debit Authorization Form and the voided check as soon as possible to:

Illinois Gaming Board
801 S. 7th Street,
Suite 400 South
Springfield, IL 62703
Attn: Revenue Accounting

Delivery of a signed and executed copy of the ACH Debit Authorization Form and voided check must be done by mail to the above address or faxed to (217) 785-7541.

Any delay in returning this information may result in a delay of your Video Gaming Terminals being activated. If a new account is established, a new form and voided check associated with the new account will need to be submitted. In addition, if current account information should change, a new ACH Debit Authorization Form must be submitted.

If you have any questions, please contact Revenue Accounting at (217) 524-0226.



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ACH DEBIT AUTHORIZATION INSTRUCTIONS AND FORM

I (we) hereby authorize Scientific Games International, Inc. (the “**Company**”) to initiate transactions to my (our) checking/savings accounts at the financial institution listed below (the “**Financial Institution**”), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the **Company** is notified by me (us) in writing to cancel authorization to initiate transactions to the checking/savings accounts in such time as to afford the **Company** and the **Financial Institution** a reasonable opportunity to act on the cancellation. In addition, please attach a voided check for account verification purposes.

Send the original completed and signed ACH Debit Authorization Form and voided check to:

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Suite 400 South
Springfield, IL 62703
Attn: Revenue Accounting

Delivery of a signed and executed copy of the ACH Debit Authorization Form and voided check must be done by mail to the above address or faxed to (217) 785-7541.

PLEASE COMPLETE THIS SECTION

CHECKING OR SAVINGS

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

BANK TRANSIT & ROUTING #/ ABA #: _____ (Must Be 9 Digits)

ACCOUNT #: _____

ACCOUNT NAME: _____

LICENSE #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____

DATE: _____

Name of authorized signer

SIGNATURE: _____

DATE: _____

Name of secondary authorized signer (if required)