## NC Education Lottery Player Authorization to Mail Prize Payment Checks

,			, autho	rize the Lottery to	mail my	
(print full name) check for ticket number				to the following address:		
	Street Address					
	City, State, Zip Code					
Player's Signature	e		-	Date		
State of:	• • • • • • • • • •	• • • • • • • • • • •	•••••			
County of:						
,	(print Notary Public	, a l	Notary Public	for said County a	nd State, do	
hereby cert	ify that	(print player full name)		- personally app	eared before	
me this day	and acknowled	ged the due execution	on of the foreg	going instrument	. Witness my	
hand and o	fficial seal, this_	day of	Month	, 20 <sub></sub>		
Notary Public Sig	inature					
My Commission	Expires			(Official Seal Notary Public		
FOR LOTTER	RY USE ONLY					
Mailed By	/:	Date	:			
Check #:		Verified By:		Date:		