



# Retailer Point of Contact (POC) Authorization Form

NC Education Lottery  
2728 Capital Blvd. Suite 144,  
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 Employee 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 \_\_\_\_\_  
Point of Contact's Full Name Fill in "ALL" OR list Retailer ID #'s  
location(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  
SOCIAL SECURITY NUMBER (SSN) are \_\_\_\_\_.  
POC's Date of Birth POC's 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.**

\_\_\_\_\_  
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 Signature of Notary

\_\_\_\_\_  
Printed Notary Public Name

My commission expires: \_\_\_\_\_