



Authorization of Representation for Accounting Unit

WHO MUST SUBMIT THIS FORM

This form must be submitted by any accounting unit or new member of an accounting unit desiring to designate an individual, other than the Designated Agent or Unit Manager, to receive documents and act on behalf of the accounting unit concerning matters relating to the accounting unit's compliance with the Bingo Enabling Act or Charitable Bingo Administrative Rules.

FORM SUBMISSION

By mail: Charitable Bingo Operations Division, Texas Lottery Commission, PO Box 16630, Austin, TX 78761-6630

FOR ASSISTANCE in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our website at txbingo.org.

GENERAL INSTRUCTIONS

- Use BLACK or BLUE ink.
- This form must be signed by the Bingo Chairperson or an officer of each unit member organization. For a new organization joining a unit, this form must be signed by the Bingo Chairperson or an officer of the NEW unit member organization.

AUTHORIZED REPRESENTATIVE INFORMATION

The Unit Name Unit Number

designates the following individual as an authorized representative:

Name (LAST, FIRST, MIDDLE INITIAL) Social Security Number

Home Address (Street address, PO Box, or Rural Route (Do Not enter PO Box or Directions, i.e., 5 miles north of I-20))

City State Zip Code Phone (Area Code & Number) E-mail Address

We request the above named individual be designated as an authorized representative and be recognized as such by the Texas Lottery Commission, Charitable Bingo Operations Division. Authorized representative status extends only to the individual named above and does not include their agents or employees. We understand that the designation for "Authorized Representative" does not confer signature authority. We also understand that this individual will remain an authorized representative for the accounting unit with all of the rights and privileges associated until such time as the commission receives a written request from the authorized representative or the Bingo Chairperson of each member organization to remove this individual from this position or the member organization leaves the accounting unit.

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| 1 sign here | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Name of the Member Organization | Taxpayer Number | License Number |
| 2 sign here | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Name of the Member Organization | Taxpayer Number | License Number |
| 3 sign here | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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