

# Electronic Payment Request Form

Department of Charitable Gaming  
500 Mero Street 2NW24  
Frankfort, Kentucky 40601  
(502) 573-5528 or (800) 729-5672  
FAX (502) 573-6625  
DCG.KY.GOV

**Please complete the following information:**

Date \_\_\_\_\_

License Number \_\_\_\_\_

Name of Licensee \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name and Title of Officer Requesting Electronic Payment \_\_\_\_\_

Name of Bank \_\_\_\_\_

Name of Account as it Appears on Statement \_\_\_\_\_

9 Digit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Description of Payment (i.e. Renewal Fees, Financial Report Fees, etc) \_\_\_\_\_

Amount \_\_\_\_\_

**All payments must be made by the organization's charitable gaming account. Electronic Payments may be submitted by US mail, fax, or email to:**

**Kim Smith, Fiscal Manager**  
**[KimberlyD.Smith@ky.gov](mailto:KimberlyD.Smith@ky.gov)**