



**CapitalOTBBet Authorization Agreement**  
(ALL CapitalOTBBet customers MUST complete this portion)

By signing and returning this form, I am authorizing withdrawals from my wagering account to be sent to the address on file.

By signing the Authorization Agreement, I agree that the electronic media record of my transactions held by CapitalOTBBet "MERCHANT" shall be used as the final determination to resolve any dispute I may have. I understand it is my sole responsibility, if applicable, to report my financial information to my respective Government, Customs or Tax Jurisdiction. I acknowledge that I have read all the information contained in the CapitalOTBBet Legal Notices and agree to abide by all the rules, terms, conditions and agreements therein and as amended from time to time.

**CapitalOTBBet Account #** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CapitalOTBBet EZmoney Agreement**  
(This section MUST be completed to activate EZmoney)

By signing the Authorization Agreement, I authorize CapitalOTBBet "MERCHANT" to initiate Debits and Credits to my bank account at the Depository Financial Institution "BANK", as indicated by the Transit Routing Number that I have supplied on this form, and BANK to pay such Debit or Credit. This authorization is to remain in full force and effect until MERCHANT or BANK has received Written Notification from me of its termination in such time and such manner as to afford MERCHANT or BANK a reasonable opportunity to act on it.

I agree to pay MERCHANT a returned item fee of \$25.00, which may be initiated to my account for the items returned unpaid. In the event of returned items, I understand that monies owed will be deducted from my wagering account balance and, if the balance in my wagering account is insufficient to cover the monies owed, my wagering account will be suspended until the monies owed are paid.

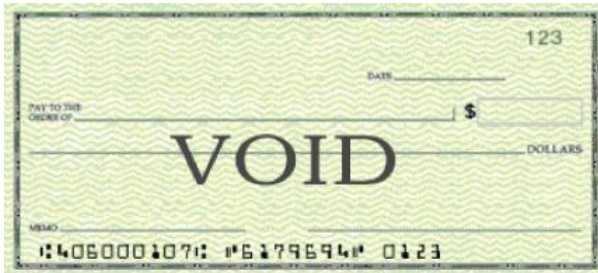
**Bank Account Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Issuing State:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please attach a voided check



Send this agreement to:

**CapitalOTBBet**  
**P.O. Box 8510**  
**Lexington, KY 40533-8510**

Or

**Fax: (859) 223-9141**

Or

**Email: [player.services@CapitalOTBBet.com](mailto:player.services@CapitalOTBBet.com)**