



## CHANGE OF ACCOUNT DATA FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ PASSWORD \_\_\_\_\_

SS# \_\_\_\_\_

CHANGE FROM (define data you want to change)

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CHANGE TO (define new data)

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***By signing this form, you have verified that you have authorized the account wagering service provider to change your personal data as described above. It should also be noted that some changes to include but not limited to address and or SS# will require a hard copy verifiable proof of the new data.***

Customer Signature \_\_\_\_\_

Customer Service Rep Signature \_\_\_\_\_

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*Below this line for Office Use ONLY*

Date Change Made \_\_\_\_\_ Print name of CSR facilitating change \_\_\_\_\_

Type of hard copy validation obtained (Attach Copy)

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