

Exclusion Program Withdrawal Form

ACCOUNT HOLDER'S AUTHORIZATION AND DIRECTION TO NRT TO REVOKE THE IMPOSED GLOBAL EXCLUSION

I, the undersigned Account Holder of the Cards and/or Accounts registered with the *Exclusion Program* for Responsible Gaming, hereby revoke my authorization and direction previously provided to NRT in respect of such program.

I acknowledge that withdrawing my authorization and direction in respect of the Program will result in Transactions associated with the Cards and/or Accounts no longer being blocked by NRT and that NRT will have no further obligations of any kind to me in respect of the Program.

I, further acknowledge and agree that this revocation will not be effective for a period of thirty (30) days after the date such revocation is received by NRT.

Notwithstanding such revocation, I acknowledge and agree to remain bound by the Program Terms and Conditions.

AGREED TO AND AUTHORIZED by the undersigned Account Holder as of the date written below. Account Holder's information follows.



Exclusion Program Withdrawal Form

First Name:	Last Name:		Date of Birth:		
Street Address:			City:		
State:	Zip Code:		Phone:		
Type: Driver's License/ Passport ID #:			OR	SSN:	
Mark 'X' to unblock all bank card Transactions performed at NRT devices:					
Mark 'X' to unblock all check Transactions performed at NRT devices:					
Unblock the following Bank Card Numbers for processing on NRT casino devices:					
		-	-		
				- -	
Unblock the following Check Accounts for processing on NRT casino devices:					
Check Routing Number:		Checking Account Number:			
Check Routing Number:		Checking Account Number:			
Nationwide YOUR NAME 1234 Main Street Anywhere, OH 00000 PAY TO THE ORDER OF S ROUTING NUMBER ACCOUNT NUM					

Signature:



Exclusion Program Withdrawal Form

Submit signed and completed form by Fax OR Mail.

FAX: (416) 646-5242

MAIL: NRT TECHNOLOGY

(USA) <u>Attn.</u>: Voluntary Self-Exclusion Program

3525 E Post Rd., Suite 120 Las Vegas, NV 89120

MAIL: NRT TECHNOLOGY

(Canada) Attn.: Voluntary Self-Exclusion Program

10 Compass Court Toronto, ON M1S 5R3 **INTERNAL USE ONLY:**

DATE RECEIVED: DATE COMPLETED:

COMPLETED BY:

SIGNATURE: