

Cherry Gold Casino Faxback Form

I certify that the electronic media record of my transaction held by Cherry Gold Casino shall be used as the final determination to resolve any dispute(s) I may have. I acknowledge that I have read all the information contained in the Cherry Gold Casino Terms & Conditions and agree to abide by all the rules, terms, conditions, and agreements therein and as may be amended from time to time.

PLEASE NOTE: Incomplete forms, or forms with missing information, will not be processed.

Please attach this form along with the following documents:

- └ A color copy, front and back, of your Driver's License, Passport or Official Photo ID (Must be sent via email)
- └ A photo of you holding your ID next to your face - Your face and the ID must be clearly visible in the photo & it must be the same ID used for the identity document
- └ Color copies of all credit cards used for your casino account (Front & Back)
- └ One of the following documents: (Dated within the last 3 months, showing your full name & address)
 - A Recent Bill (Gas • Water • Electric • Phone • Cable) Full bill, not just the envelope
 - A Recent Statement (Bank • Credit Card • Loan) Void Check or Pay Stub

• Fax Number: +1 646 905 04 96

• E-mail: faxback@cherrygoldcasino.com

Documents sent in via Fax may also be requested to be submitted via email.

Personal Information

Full Name:	_____	User Name:	_____
Address Line 1:	_____		
Address Line 2:	_____		
City:	_____	State / Prov:	_____
Zip / Post Code:	_____	Country:	_____
Home Phone	_____	Cell Phone	_____
Date of Birth:	_____	Email:	_____

Deposit Information

Credit Card Details (if applicable)

Type of Card:	_____	Card Number:	_____
Expiration Date:	_____	Name on Card:	_____

Alternative Deposit Methods Used: _____

Withdrawal Information

Bank Name:	_____	Bank Phone Number:	_____
Bank Address:	_____		
Account Number:	_____	Acct. Holder's Name:	_____
ABA Routing N° for international wire deposit (US)*:	_____	SWIFT/ BIC Code:	_____
ACH Routing N° for Direct electronic deposits (US)*:	_____	BSB Number: (AU/NZ)	_____
Bank Code (Canada):	_____	Transit ID (Canada):	_____
IBAN Number (Europe only):	_____		
Last 4 Digits of Social Security Number (SSN):	_____		

PLEASE NOTE: Documents will not be processed prior to an initial deposit in your player account. Therefore, please be sure that you have made at least one deposit before submitting this form and supporting documents.

*Please provide us both routing numbers. In case you are not sure about the routing numbers we strongly recommend you to contact your bank, as providing incorrect details will cause payments not to reach your account.

Please accept this as authorization for Cherry Gold Casino to draft the above listed credit card and continue such authorization until I notify Cherry Gold Casino and the bank listed in writing.

Signature: _____

Date: _____