



GAMING AWARENESS PROGRAM VOLUNTARY EXCLUSION AGREEMENT

Ditronics Financial Services is committed to customer wellbeing and has developed the means to support customers that may be concerned with problem gambling and related issues. We at Ditronics Financial Services ("DFS") are promoting self-help and hope, as **we want our customers of today to be our customers of tomorrow.**

The DFS Gaming Awareness Program is a versatile way you as a customer can elect not to participate in, or limit services offered by Ditronics Financial Services. As our customer, we provide you with the ability to exclude or limit yourself from either one, or several of the cash access solutions we provide across the nation.

Once the required authorization form is completed, the card number(s) ("Card") and/or bank account(s) ("Account") you have submitted will be declined access to cash by DFS's Cash Advance or Check Cashing systems. **Please note that cards/accounts entered into the Gaming Awareness Program can only be reinstated to "normal use" status by completing and submitting a Gaming Awareness Reinstatement form. The reinstatement process will not be completed for exclusions less than six (6) months old.**

**Proud supporter of National Council on Problem Gambling
For immediate assistance, call the 24 Hour Confidential National Hotline (800) 522-4700**

--- Legal release of liability ---

I ("Account/Cardholder") represent and warrant to DFS that Account/Cardholder have all the rights, power and authority to make this instruction on behalf of myself and all joint holders of the Accounts or Cards. Account/Cardholder agrees that DFS's acceptance of this instruction would be solely as an accommodation to Account/Cardholder and without any consideration to DFS. In no event shall DFS bear any liability for its acceptance, rejection, compliance or non-compliance with this instruction or any revocation thereof for any reason whatsoever. Account/Cardholder hereby waives any claims against DFS in connection with this instruction or any revocation thereof, including, without limitation, DFS's rejection of transactions pursuant to this instruction, DFS's failure to comply with this instruction, or DFS's rejection of transactions prior to or subsequent to the effectiveness of any revocation of this instruction. Account/Cardholder agrees to indemnify DFS against any liability arising from or relating to this instruction or any revocation thereof including, without limitation, any liability to any joint holders of the Accounts or Cards, any liability to any credit card association or debit card network, any liability to the issuer of the cards, any liability to the acquiring or merchant bank involved in the processing of transactions involving the Accounts/Cards, or any gaming or other business establishment.

Account/Cardholder Name: _____
Print Name

Driver's License Number (REQUIRED): _____ State: _____ Exp Date: _____

Address: _____

City, State, Zip: _____ Phone Number: _____

Card Number(s):	_____	Card Type: VISA	MasterCard	Discover
	_____	Card Type: VISA	MasterCard	Discover
	_____	Card Type: VISA	MasterCard	Discover

Checking Account Number: _____ Routing Number: _____

Checking Account Number: _____ Routing Number: _____

Checking Account Number: _____ Routing Number: _____

Account/Cardholder Signature: _____ Date: _____

Please submit completed form to:

Ditronics Financial Services, LLC
Attention: Gaming Awareness
7699 West Post Road
Las Vegas, NV 89113

Or fax to: 702-222-3327

* All information provided will remain confidential and will be used solely for the purposes set forth above. Inaccurate or incomplete forms will not be processed. For questions, please call 800-845-3065.