



## Xpressfund (ACH) Authorization

User Name or Account # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please make this my Xpressfund account of record for my future use.

Checking      Savings

Bank Name: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

This form is required for identification purposes and for the security of your transaction.

You may mail or fax the completed form and a voided check to:

Xpressbet, LLC.  
200 Racetrack Road, Building 26  
Washington, PA 15301

Fax: 866.997.7737

- > I hereby authorize Xpressbet, LLC. to initiate a debit, in the amount indicated, to my checking/savings account in the depository financial institution (Bank) identified by the routing number indicated, and bank to debit same to such account. I acknowledge that I have received services/goods in consideration hereof, and I further agree that this authorization shall be non-revocable.
- > I agree to pay merchant a returned item fee of \$25.00, which may be initiated to my account for the items returned unpaid. And, in the event of returned items, I authorize Xpressbet to collect returned funds from other forms of payment I have previously used to make deposits.
- > Please attach a voided check.

Signature \_\_\_\_\_ Date \_\_\_\_\_