



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 _____