



GAMING AWARENESS PROGRAM VOLUNTARY REINSTATEMENT 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 undersigned Account/Cardholder listed below chooses to reinstate the specific card number(s) ("Card") and/or bank account(s) ("Account") listed below within the DFS cash access systems. **Account/Cardholder understands that a reinstatement form may not be submitted within six (6) months of submitting the Gaming Awareness Program Voluntary Exclusion Form.**

**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 cards.

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.