

## Alternate Address Release Form

I have withdrawn \$ on file with for my account.	from my OTB account to be sent via check to an address other than what is		
OTB Acct#:	Full Name (print)	Full Name (print)	
Phone #:	Email address:	Last 4 of SSN:	
Address you opened the accou		30 101 1111 121 30	
Address:			
City:	, State:	Zip:	
	please send my withdrawal to the Alternate A	Address below:	
City:	, State:	Zip:	
The reason for sending the wit	thdrawal to the Alternate Address is:		
You must send a picture o	f your Driver's License or Government-	issued photo I.D. with this form.	
Signature		Date	

By submitting this Alternate Address Release Form, I authorize OffTrackBetting.com and/or Lien Games Racing, LLC to process and send my requested withdrawal to the Alternate Address I have provided on this form.

Please return this form plus photo ID by scanning/emailing to support@OffTrackBetting.com

\*\*Forms received after 4pm Eastern will be processed the next day\*\*

https://www.offtrackbetting.com/forms/alt\_addr.pdf