

Change of Address Form

TB Account #:	Date:
ull Name:	
	Original address my account was opened with:
-	
_	viding the following supporting documentation listing my NEW address (one):
()	a Government-issued Photo ID () a utility bill and second document
L #:	State DL issued: Last 4 of SSN:
	Proposed NEW address:
-	
l am aware	I take full responsibility that my new address is valid. if it's not my valid address, I may be breaking State and Federal regulations or laws.
ignature:	Please return this form plus supporting documentation by scanning/emailing to
	riease return this form plus supporting documentation by scanning/emailing to

Please return this form plus supporting documentation by scanning/emailing to support@OffTrackBetting.com