



BANK AUTHORIZATION FORM

TO BE COMPLETED BY APPLICANT *PLEASE PRINT*

NAME: _____

SSN: _____

ADDRESS: _____

I authorize National Cred-A-Check and their affiliates to verify my personal account(s) with your bank. It is my understanding that any information released will be held in the strictest confidence by DRAFTKINGS AT CASINO QUEEN and will be used for credit purposes only. **A copy of this authorization will be considered as effective and valid as the original.**

SIGNATURE

DATE

200 S FRONT ST, EAST ST LOUIS, IL 62201