



Stop Payment Request

Processed only after 10 business days have elapsed
from the original date of issue.

TVG Account # _____

I requested a withdrawal check on _____, in the amount of \$ _____ to be mailed to me.
I affirm that:

- As of this date, I have not received the check.
- The check was received by me and was subsequently lost, misplaced, destroyed or stolen.
- The check is now stale dated/void (copy attached).

Please place a stop payment on this check. I accept that this process can take up to 10 business days and that if I subsequently receive or recover the original check it will not be negotiable and must be returned to TVG or destroyed. I understand that if for any reason the original check is cashed after receiving replacement that my TVG account will be disabled and I will be responsible for repayment of the amount of the original check and subject to possible civil and / or criminal prosecution.

I would like for:

- The check to be applied to my TVG wagering account.
- A replacement check to be mailed to my mailing address on file with TVG.
- The funds to be deposited into my checking account (**You must be enrolled in TVG BetCash**).

If not already enrolled, it takes just a few minutes of your time for the added convenience. Please log in to our website and complete the form in our download center or ask a Customer Relations Representative for details.

Print:

Signature

Date:

Customer Relations Finance
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