

NYCOTB ADVANCE DEPOSIT WAGERING ACCOUNT APPLICATION



Instructions: Fill in all required information and sign it (attesting to the accuracy of the information). A copy of the required form of identification (please see Note on the reverse side) must be attached.

There are three ways to return the documents: (1) Bring to any NYCOTB location.

Your account can be opened the same day at all branch offices, teletheaters, and select restaurant locations (please call Customer Service for available restaurant locations, 1.800.OTB.8118, press 3)

(2) Fax the Application & scanned form of identification to: 1-212-704-5662;

(3) Mail to: NYC Off-Track Betting, ATT: Advance Deposit Wagering Department, P.O. Box 7777, Times Square Station, New York, NY 10108-5572

*First Name: _____ Middle Name: _____

*Last Name: _____

*Date of Birth (mm/dd/yy): _____ *Social Security Number: _____

*Address (Apt. # if applicable): _____

*City: _____ *State: _____ *Zip Code: _____

*Mailing Address (if different): _____

*Telephone Number: _____

*Temporary Password: _____

(Letters Only – Any Combination Of Nine Letters Or Less) **For your own security, remember to change your password after your Account has been established.**

**E-mail Address: _____

***Cell Phone Number: _____

***Text Messaging PIN: _____

*How do you want to receive notices from NYCOTB? Check one: US Mail _____ E-Mail _____

*Denotes required information for internet, telephone and wireless wagering.

**Denotes additional required information for internet wagering.

***Denotes additional required information for wireless wagering.

I HEREBY REQUEST THAT THE NYC OFF-TRACK BETTING CORPORATION ISSUE AN ADVANCE DEPOSIT WAGERING ACCOUNT IN MY NAME. USE OF THIS ACCOUNT CONSTITUTES AGREEMENT BY THE PERSON NAMED HEREIN TO BE BOUND BY ALL RULES AND REGULATIONS OF THE NYCOTB CORPORATION. I AGREE THAT OTB SHALL NOT BE RESPONSIBLE FOR FUNDS CHARGED TO MY ACCOUNT AS A RESULT OF UNAUTHORIZED USE OF THE CARD AND/OR PASSWORD CODE. BY MY SIGNATURE BELOW, I ATTEST THAT I AM EIGHTEEN (18) YEARS OLD OR OLDER AND THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE.

Signature _____ Date _____

Note: Please enclose/attach a copy of a form of governmental issued (Federal, State or Canadian province) identification that contains your photo, name and address. Contact our Customer Services Department (1-800-OTB-8118, then press "3") if you have any questions.

For Administrative Use only:
Account Number: _____
ADW Rep: _____
Date: _____
Time: _____