

Club World Casinos Group - Account Verification Form

Please enter your username for each of our casinos that you hold an account with:

Club World	<input type="text"/>	Aladdins Gold	<input type="text"/>	Lucky Red	<input type="text"/>
Manhattan Slots	<input type="text"/>	All Star Slots	<input type="text"/>	High Noon	<input type="text"/>
Club SA	<input type="text"/>	BuzzLuck	<input type="text"/>		

Personal Details

Full Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>		
ZIP	<input type="text"/>	Date of Birth	<input type="text"/>		
Day Phone	<input type="text"/>	Evening Phone	<input type="text"/>		

Credit / Debit Card Details

Enter the expiry date, the first six digits and the last four digits of the long card number for each card used with us:

Card Number							X	X	X	X	X	X									Expiry Date (MM/YYYY)	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Information for Withdrawal

Many payments only require an account number, for ACH or Wire transfers please complete the rest of this section with your bank's information:

Bank Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>		
ZIP	<input type="text"/>	Country	<input type="text"/>		
Account Number	<input type="text"/>	9 Digit Routing Number	<input type="text"/>		
Account Type	Saving <input type="checkbox"/>	Checking <input type="checkbox"/>			

Legal Statement

I certify that the electronic media record of my transaction held by the Club World Casino Group shall be used as the final determination to resolve any dispute I may have. I acknowledge that I have read all the information contained in the Club World Group License and agree to abide by all the rules, terms, conditions, and agreements therein and as may be amended from time to time.

I also certify that the credit cards listed above have been registered with the Club World Group and used there with my full knowledge and consent.

Signature	<input type="text"/>	Date	<input type="text"/>
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Return this completed and signed form to us along with a visible copy of your driver's license or other form of official photo I.D. as well as a copy of each credit card used and a utility bill or bank statement with your printed address on.

We will accept these documents by fax or you can also take a digital photograph or scan them and email them to us.
 Email: cashier@clubworldcasinos.com ~US Toll free Fax: 1866 728 5443 ~UK/International Fax: +44 (0)870 166 8803
 ~SA Toll Free: 0-800-982-177