



SELF TRANSACTION EXCLUSION PROGRAM

REQUEST TO BLOCK TRANSACTIONS

The undersigned ("Customer") holder of the card(s) or checking account(s) specified below (each, an "Account" and collectively, the "Accounts") does hereby voluntarily instruct Everi Payments Inc., a Delaware corporation and its applicable subsidiaries and affiliates ("Everi"), to block any cash access transaction(s) request using the Accounts at machine terminals or cashier's desks which utilize credit card cash advance, ATM, and check cashing services provided by Everi ("Transactions").

Customer represents and warrants to Everi that Customer has all right, power and authority to make this request on behalf of all joint holders of the Accounts. Customer authorizes Everi to obtain credit reports using the information provided herein for the purpose of verifying the Customer's identity and authority to make this request.

By his/her signature below, Customer hereby agrees that this request and any revocation thereof shall be governed in all respects by the laws of the State of Nevada, without regard to any conflicts of law's provisions which may result in the application of the laws of any jurisdiction other than the internal law of the State of Nevada.

Account numbers will be processed as provided by the Customer below. Customers must include any and all leading zeros for Account numbers. In the event any information provided by Customer hereunder is no longer accurate, it is the Customer's responsibility to submit to Everi a new form to request to block Transactions with updated Account and/or credit card numbers after the initial submission of this form.

Customer Name: \_\_\_\_\_ Customer Signature: \_\_\_\_\_

Customer Checking Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Customer Checking Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Customer Credit Card Numbers: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Customer Date of Birth (Required) \_\_\_\_\_

Mailing Address (exactly as on bank statements): \_\_\_\_\_

Submit completed and signed forms by Mail, Fax, or Email.

MAIL: Everi Holdings Inc. ATTN: Denise Spada 7250 S. Tenaya Way Las Vegas, NV 89113

FAX: 702-262-5062

EMAIL: step@everi.com

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