



# SELF TRANSACTION EXCLUSION PROGRAM

## REQUEST TO UNBLOCK TRANSACTIONS

The undersigned ("**Customer**") holder of the card(s) or checking accounts(s) specified below (each, an "**Account**" and collectively, the "**Accounts**") does hereby revoke any prior request given to Everi Payments Inc., a Delaware corporation ("**Ever**") to reject any cash access transaction 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**"). This revocation shall become effective within five (5) business days after Everi fully processes and removes from its computer system that the Accounts are subject to a STeP block request. Customer understands that this request may only be granted after one year has passed since the date of the request to block Customer's Accounts was entered into Everi's computer system

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 revocation. Customer agrees that Everi's acceptance of any prior request has been solely as an accommodation to Customer, without any consideration to Everi; therefore, in no event shall Everi bear any liability for its acceptance, rejection, compliance or noncompliance with such prior request or this request for any reason whatsoever. Customer hereby waives any claims against Everi in connection with any prior request or this request, including without limitation Everi's blocking of transactions pursuant to any prior request, Everi's failure to comply with any prior request or Everi's blocking of transactions prior to the effectiveness of this request, and Customer agrees to indemnify Everi against any liability arising from or relating to any prior request or this request, including, without limitation, any liability to any joint holders of the Accounts; Telecheck; cards authorized by Visa U.S.A. Inc., Visa International, MasterCard International Incorporate, Discover Card, Star, Interlink, Maestro, NYCE, Pulse, AFFN or other pin-debit networks (collectively, the "**Cards**"); the issuer of the Cards; any acquiring or merchant bank involved in the processing of transactions involving the Accounts or any gaming establishment.

Customer agrees that this request shall be governed in all respects by the laws of the State of Nevada, without regard to any conflicts of laws/provisions which may result in the application of the laws of any jurisdiction other than the internal law of the State of Nevada. Customer agrees that any claim or controversy arising out of any prior request or this request shall be settled by final and binding arbitration under the Commercial Arbitration Rules of the American Arbitration Association in Clark County in the State of Nevada by three arbitrators, one of whom shall be selected by Everi, one of whom shall be selected by Customer and the third of whom shall be selected by the mutual agreement of the other two arbitrators. Judgment on any award rendered by the arbitrators may be entered in any federal or state court located in Clark County in the State of Nevada. Should Everi prevail in such action, the arbitrators shall award to Everi, all costs, fees and expenses of such arbitration, including attorneys' fees.

This information will remain confidential, and will be used solely for the purposes set forth above. Customer acknowledges and agrees that incomplete forms cannot be processed and will result in Everi's rejection of Customer's request to unblock Transactions, without notification to Customer. If you require assistance in completing the form, please contact Everi at 702-855-3089. PLEASE PRINT NEATLY.

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

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

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

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

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ 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