

**CREDIT CARD AUTHORIZATION FORM MYOVCASINO**  
Email this Form along with copies of the following to [ov@mycasinosupport.eu](mailto:ov@mycasinosupport.eu)

- 1) Passport or Drivers license of Accountholder (both sides).
- 2) Passport or Drivers license of each Authorized Card(s) Cardholder.
- 3) Authorized Credit Card(s) (both sides).
- 4) Utility Bill, bank statement or credit card statement

Tel: 1-866-881-4283      [ov@mycasinosupport.eu](mailto:ov@mycasinosupport.eu)

User Name or Customer Number	Date
Accountholder Name	Accountholder Contact Telephone #1
Accountholder Street Address, Unit/Suite/Apt Number, City, State, ZIP	Accountholder Contact Telephone #2

By signing below, I authorize the use of the following credit cards ("Authorized Card(s)" for loading my MYOVCASINO account identified above. I also agree that I have been authorized to use all of the Authorized Card(s) listed below and agree to pay any and all charges incurred by these cards to fund my MYOVCASINO account, regardless of when or by whom the transaction was authorized. I agree that you shall be fully protected in honoring any such Authorized Card(s) payments. I further agree that if any such Authorized Card(s) payment be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, including any fees imposed by my bank, even though such dishonor may result in the inaccessibility of my MYOVCASINO account.

By: \_\_\_\_\_  
Signed \_\_\_\_\_ Dated \_\_\_\_\_  
\_\_\_\_\_  
Print Name

**Authorized Card (1)**

CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DINERS CLUB <input type="radio"/> AMEX	CARD NUMBER:	EXPIRATION DATE:
	CARD BILLING ADDRESS: (if different than above)	

CARDHOLDER'S NAME (as it appears on the credit card)

SIGNATURE OF CARDHOLDER	TODAY'S DATE
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**Authorized Card (2)**

CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DINERS CLUB <input type="radio"/> AMEX	CARD NUMBER:	EXPIRATION DATE:
	CARD BILLING ADDRESS: (if different than above)	

CARDHOLDER'S NAME (as it appears on the credit card)

SIGNATURE OF CARDHOLDER	TODAY'S DATE
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**Authorized Card (3)**

CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DINERS CLUB <input type="radio"/> AMEX	CARD NUMBER:	EXPIRATION DATE:
	CARD BILLING ADDRESS: (if different than above)	

CARDHOLDER'S NAME (as it appears on the credit card)

SIGNATURE OF CARDHOLDER	TODAY'S DATE
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**Authorized Card (4)**

CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DINERS CLUB <input type="radio"/> AMEX	CARD NUMBER:	EXPIRATION DATE:
	CARD BILLING ADDRESS: (if different than above)	

CARDHOLDER'S NAME (as it appears on the credit card)

SIGNATURE OF CARDHOLDER	TODAY'S DATE
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