



RIVERS
CASINO

3000 South River Road • Des Plaines, Illinois 60016

Name: _____ SSN: _____

Address: _____

I authorize National Cred-A-Check and their affiliates to verify my personal account(s) with your bank. It is my understanding that any information released will be held in the strictest confidence by RIVERS CASINO-DES PLAINES and will be used for credit purposes only. **A copy of this authorization will be considered as effective and valid as the original.**

Signature: _____