

# Gambling Intercept Change Form

This form must be completed to remove any terminated personnel, add new hires and/or change Access Type.

**New Hire, please add ASAP:**

1. _____	_____	_____	_____	____/____/____
Print Name	Account Type	State ID #	State	Expires on
_____	_____	_____	_____	_____
Signature	Date	E-Mail Address		
2. _____	_____	_____	_____	____/____/____
Print Name	Account Type	State ID #	State	Expires on
_____	_____	_____	_____	_____
Signature	Date	E-Mail Address		

Account Type: AA=Account Administrator; BA=Billing Administrator; U=User

**Change and/or Addition to Access Type:**

	Print Name	Access Type	Signature
1.	_____	_____	_____
2.	_____	_____	_____

**Searcher:** This person will be interacting directly with the patron and is responsible for filling out W2G's and checking the state registry for outstanding child support owed. The Searcher does not have access to the gaming establishments' banking information and would not be able to provide payment information to complete the transaction.

**Payer:** This person has access to the gaming establishments' banking information and would be responsible for completing the transaction when an Intercept has been made by the Searcher.

**Terminated employee, please remove ASAP:**

1. \_\_\_\_\_
2. \_\_\_\_\_

This form should be completed and approved by the Account Administrator and faxed to Registered Services Center at 303-534-3469

\_\_\_\_\_  
Account Administrator Approval                      Date

\_\_\_\_\_  
Company Name