

# Gambling Intercept Access Form

Print Name	Access Type	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Please select one option for an **Access Type** for each User listed above:

**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.

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