

# 24VIP Casino Withdrawal Application

By filling this form you, the Customer, acknowledge that all the information presented is accurate and up to date. In turn, we, the Casino, ensure that your personal information is secure and protected, and won't be shared with any third-party organizations.

Please, fill in the form, capture it with the current date and signature, and send to **24vipcasino.com**

First Name:

Phone:

Last Name:

Country:

Username:

City:

Date of Birth:

State:

Zip Code:

Email:

Address:

Please choose the payment method you want to use for withdrawal and fill in the required fields.

## Bank Wire (Mandatory)

Bank Name:

Bank account #:

Holder's Name:

Bank Address:

SWIFT/BIC Code (if available):

Sort code (for UK residents):

ACH Routing Number (for US residents):

ABA Routing Number (for US residents):

BSB # (for Australia/New Zealand residents):

IBAN # (for UK & Europe residents):

## BTC / Skrill / Neteller

BTC wallet

Skrill

NETELLER

By signing this form you hereby confirm that you have got acquainted with the 24VIP Casino's T&C and agree with the policies described.

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

Signature: \_\_\_\_\_