

2023 – DAYTON RACEWAY – PURSE REQUEST FORM

YOU MUST FILL OUT THE PURSE AUTHORIZATION FORM COMPLETELY.

FAX FORM TO 937-235-7895 OR EMAIL FORM TO **HORSEMAN'S BOOKKEEPER –**
tina.seekman@pennentertainment.com

DIRECT DEPOSIT/ACH IS MANDATORY

USTA # _____ (INDIVIDUAL OR STABLE)

(ONLY USE USTA # ASSOCIATED WITH THE OWNER LISTED 1ST ON THE HORSE)

NAME (ASSOCIATED WITH USTA #): _____ (INDIVIDUAL OR STABLE)

MAILING ADDRESS: _____

PHONE #: _____

CIRCLE ALL THAT APPLY: OWNER TRAINER DRIVER

NAME: _____

ADDRESS: _____

TAXPAYER IDENTIFICATION # (TIN) – (DON'T GIVE MORE THAN ONE #)

SOCIAL SECURITY #: _____

EMPLOYER IDENTIFICATION #: _____

W-8BEN (FOREIGN #) _____

SIGNATURE: _____

DATE: _____

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize **Dayton Raceway** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold Dayton Raceway responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds into my account.

This agreement will remain in effect until Dayton Raceway receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Dayton Raceway.

Please attach a VOIDED CHECK for verification of your Routing and Account Number.

This form must be filled out completely or it cannot be processed.

USTA #: _____

NAME: (associated with USTA #) _____

ACCOUNT INFORMATION

Name of Financial Institution: _____

Account Type (circle one) Checking Savings

Routing Number: _____

Account Number: _____

Email: (Mandatory for payment details) _____

AUTHORIZED SIGNATURE: _____ DATE _____

DAYTON RACEWAY
777 Hollywood Blvd.
Dayton, OH. 45414

FAX #: 937-235-7895 (Attn: Tina Seekman – Bookkeeper)
Office #: 937-235-7860
Email: tina.seekman@pennentertainment.com