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 – <u>tina.seekman@pennentertainment.com</u>
DIRECT DEPOSIT/ACH IS MANDATORY
USTA #(INDIVIDUAL OR STABLE)
(ONLY USE USTA # ASSOCIATED WITH THE OWNER LISTED 1 ST ON THE HORSE)
NAME (ASSOCIATED WITH USTA #):(INDIVIDUAL OR STABLE
MAILING ADDRESS:
PHONE #:
CIRCLE ALL THAT APPLY: OWNER TRAINER DRIVER
NAME:ADDRESS:
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 INFOR	<u>MATION</u>		
Name of Financial Institution:				
Account Type (circle one)	Checking	Savings		
Routing Number:				
Account Number:				
Email: (Mandatory for payment details)				
AUTHORIZED SIGNATURE:	DATE			
DAYTON RACEWAY	FAX #: 937-235-7895 (Attn: Tina Seekman – Bookkeeper)			
777 Hollywood Blvd.	Office #: 937-235-7860			
Dayton, OH 45414	Email: tina.seekman@pennentertainment.com			