



Direct Deposit Authorization Agreement Purse Payments



Authorization Agreement

I hereby authorize **Tioga Downs and/or Vernon Downs** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Tioga Downs and/or Vernon Downs** 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 authorization will remain in effect until **Tioga Downs and/or Vernon Downs** receives written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Horsemen's Bookkeeper.

A separate Direct Deposit Authorization Agreement must be completed for every partnership.

Please attached a voided check (for deposit to a checking account) or a savings account deposit slip (for deposit to a savings account) for verification of your pay distribution requests.

Account Information

Bank Name _____

Routing / Transit # _____ ☐ Checking

Account # _____ ☐ Savings

Personal Information

Name: _____

Address: _____

Phone: _____

Email: _____

Signature(s)

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Horsemen's Bookkeeper:

Vernon Downs
Attn: Horsemen's Bookkeeper
P O Box 860
Vernon, NY 13476

Email: jintino@vernondowns.com
Fax: (315) 829-6060