

# 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 attach 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  
4229 Stuhlman Rd.  
P.O. Box 860  
Vernon, NY 13476

Email: [jintino@vernondowns.com](mailto:jintino@vernondowns.com)  
Fax: (315) 234-6623