

Direct Deposit Authorization Agreement
Purse Payments



Authorization Agreement

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

Further, I agree not to hold **Meadowlands Racetrack** 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 **Meadowlands Racetrack** 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 _____
Name of Account _____
Routing / Transit # _____ Checking
Account # _____ Savings

Personal Information

Name: _____
Address: _____
Phone: _____
Email: _____

Signature(s)

Authorized Signature (Primary): _____ Date: _____
Authorized Signature (Joint): _____ Date: _____
**Only one (1) signature required

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

Meadowlands Racetrack
Attn: Horsemen's Bookkeeper
1 Racetrack Drive
East Rutherford, NJ 07073

Email: horsebook@playmeadowlands.com
Fax: (201) 356-4811

Check One:

- Initial Direct deposit
- Please cancel my current direct deposit and use this form for my new direct deposit information
- Please cancel all existing direct deposits (this will result in my receiving a live Purse check)

Internal Use Only-Horsemen Account #: _____