



## Meadows Racetrack & Casino - Owner, Driver and Trainer

Purses and driver/trainer fees paid by the Meadows Racetrack & Casino paid by Direct Deposit

### Authorization Agreement

I hereby authorize Meadows Racetrack & Casino to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold Meadows Racetrack & Casino responsible for any delay or loss of funds due to incorrect or missing information either supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Direct deposit of owner payments will be made consistent with signed Purse Authorization on file with Horsemen's Bookkeeper.

This agreement will remain in effect until Meadows Racetrack & Casino received a written notice of cancellation from me or my financial institution.

Please complete the following and provide a voided check for verification of information provided.

#### Personal Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Email address (required) for statements to be sent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE REMEMBER TO SUBMIT A COPY OF A VOIDED CHECK WITH THIS FORM.**

PLEASE RETURN THIS FORM VIA EMAIL TO: [mona.morris@pnkmail.com](mailto:mona.morris@pnkmail.com) or [jean.bedillion@meadowsgaming.com](mailto:jean.bedillion@meadowsgaming.com)

You may mail your forms to:

Meadows Racetrack & Casino  
Attn: Mona Morris or Jean Bedillion  
210 Racetrack Road  
Washington, PA 15301

# Meadows Racetrack & Casino

## PURSE RELEASE AUTHORIZATION

### Multiple Owner's Form

Please remember to submit a copy of a voided check with this form.

All purse checks are automatically deposited into direct deposit accounts

*Please complete a separate form for each ownership combination*

#### PLEASE PRINT ALL INFORMATION

BANK NAME \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

#### **USTA Membership #'s and Expiration Dates Must Be Included**

ALL Owner funds will be made payable to ownership as it appears on the judges sheets

1<sup>st</sup> Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

USTA Member#/Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Email / Phone \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

USTA Member#/Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Email / Phone \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

3<sup>rd</sup> Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

USTA Member#/Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Email / Phone \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

4<sup>th</sup> Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

USTA Member#/Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Email / Phone \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mail or Fax to:

Fax (724)229-7407  
Meadows Racetrack & Casino  
Attn: Horsemen's Bookkeeper  
210 Racetrack Road, Washington, PA 15301  
Phone (724)503-1200 ext 2322