



Direct Deposit Authorization Agreement Purse Payments

AUTHORIZATION AGREEMENT

I hereby authorize **Saratoga Casino Racing Inc.** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Saratoga Casino Racing Inc.** 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.

Direct deposit of payments will be made consistent with a current signed Purse Authorization and W-9 on file with Horsemen’s Bookkeeper

This authorization will remain in effect until **Saratoga Casino Racing Inc.** 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.

Please complete the following. **Include a voided check for verification of information provided.**

Personal Information

Name: _____ Phone #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email address (**required**) for statements to be sent: _____

Account Information

Name of Financial Institution: _____

Checking account Routing Number: _____

Account Number: _____

Signature: _____ Date: _____

Email: vmay@saratogacasino.com

Phone: 518-581-5738

Fax: 518-580-0126

Saratoga Casino Hotel

Attn: Vicki L. May

342 Jefferson St, Saratoga Springs, NY 12866