



Multiple Owner's Form

(Please complete a separate form for each ownership combination)

Purse authorization and W-9 must be current and on file with Horsemen's Bookkeeper

Name of Financial Institution: _____

Checking Account Routing number: _____

Account Number: _____

Primary Owner

Name _____ Phone # _____

Address _____

Signature _____ Date: _____

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

Second Owner

Name _____ Phone # _____

Address _____

Signature _____ Date: _____

Third Owner

Name _____ Phone # _____

Address _____

Signature _____ Date: _____

Fourth Owner

Name _____ Phone # _____

Address _____

Signature _____ Date: _____

Please remember to submit a voided check (or copy) with this form.

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



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: _____

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