



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: scachaza@saratogacasino.com

Phone: 518-584-2110 Ext. 5663

Fax: 518-580-0126

Saratoga Casino Hotel

Attn: Stacie Cachaza

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