



301 Washington Street
Plainville, MA 02762

PURSE AUTHORIZATION FORM-OWNER, TRAINER OR DRIVER

Account Name: _____

(List all Owners) _____

Current Mailing Address: _____

Phone Number: _____ Cell: _____

E-mail address: _____ U.S.T.A #: _____

U.S. Social Security or TIN number: _____

Name of horse racing under this ownership: _____

*ALL Purse Checks are processed via Direct Deposit**

Date: _____ Signature: _____

Please complete this form and W-9 and return to Christine Lynch.

Christine.Lynch@pngaming.com

(508)576-4478 – (508)643-4487 (fax) – Christine.Lynch@pngaming.com

Note: **NO PAYMENTS** will be issued without a completed Purse Authorization and W-9.

Thank you.

**Valid only for a US Bank Account*

Plainridge Park Casino Direct Deposit Authorization Agreement

Authorization Agreement

I hereby authorize **Plainridge Park Casino** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Plainridge Park Casino** 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 to my account.

This agreement will remain in effect until **Plainridge Park Casino** receives a 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 attach a voided check or letter from your financial institution for verification of your pay distribution requests.

You must provide a valid email address.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Personal Information

Name : _____

Address: _____

Phone: _____

Email: _____

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

**Plainridge Park Casino
301 Washington St
Plainville, MA 02762**