



500 Main Street Bangor, ME 04401

Office Use Only: Vendor # \_\_\_\_\_ Notes: \_\_\_\_\_

**PURSE AUTHORIZATION FORM – OWNER, TRAINER, OR DRIVER**

Account Name: \_\_\_\_\_  
(List All Owners) \_\_\_\_\_  
\_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ U.S.T.A. #: \_\_\_\_\_

U.S. Social Security or Tax Identification Number: \_\_\_\_\_

Foreign Tax Identification Number (if applicable): \_\_\_\_\_

Name of Horse Racing Under this Ownership: \_\_\_\_\_

**\*\*\*PLEASE NOTE, ALL PURSE PAYMENTS WILL BE PAID BY DIRECT DEPOSIT\*\*\***

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

*Please complete this Purse Authorization Form, The Direct Deposit Authorization Agreement, and either a IRS form W-9 for US Residents or a form W-8ECI for Foreign residents and return them to Thomas Smith.*

*Thomas.Smith@pennentertainment.com*

*Direct (207) 561-6068 – FAX (207) 262-6062*

**NO PAYMENTS will be issued without a completed Purse Authorization & W-9/W-8ECI on file**

**Hollywood Casino, Hotel, & Raceway  
Direct Deposit Authorization Agreement**

**Authorization Agreement**

I hereby authorize **Hollywood Casino, Hotel, & Raceway** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Hollywood Casino, Hotel, & Raceway** 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 deposition funds to my account.

This agreement will remain in effect until **Hollywood Casino, Hotel, & Raceway** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposition Authorization Agreement to the Horsemen's Bookkeeper.

**All Direct Deposits must be to US Banks, no foreign banks can be used for Direct Deposits.**

A separate Direct Deposit Authorization Agreement must be completed for every partnership.

You must provide a valid email address to receive statements.

**Account Information**

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

Routing Number: \_\_\_\_\_ Account Type:  Checking

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

**Personal Information**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature**

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_