



— BANGOR —

500 Main Street Bangor, ME 04401

Office Use Only: Vendor I# _____ Notes: _____

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: _____

Check the one you want: Pickup ___ Mail ___ EFT ___

Purse Checks are processed by either Check or Direct Deposit

Date: _____ Signature: _____

Please complete this form and W-9 and return to Hollywood Bangor Finance Team

BGR-Accounting@pennentertainment.com

Phone: (207)974-3460 Or Fax: (207)974-3459

Note: NO PAYMENTS will be issued without a completed Purse Authorization and W-9/W8.

Thank you.

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 depositing 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 deposit form to the Horsemen's Bookkeeper.

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

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 to receive statements.

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: _____

**Hollywood Casino, Hotel, & Raceway
500 Main St.
Bangor, ME 04401**

