



— 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 Thomas Brooks.*

*Thomas.Brooks@pngaming.com  
(207)974-3455 – (207)974-3459 (fax)*

**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**

