



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 Alfred Scivola.*

*Alfred.Scivola@pngaming.com*

*(508)576-4476 – (508)643-4487 (fax) – Alfred.Scivola@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:** \_\_\_\_\_

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