Direct Deposit Authorization Agreement

I hereby authorize **Meadowlands Racetrack** to initiate automatic deposits to my account at the financial institution named below.

Furthermore, I agree not to hold **Meadowlands Racetrack** 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 into my account.

This authorization will remain in effect until **Meadowlands Racetrack** receives written notice of cancellation from me or my 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 for deposit to a checking account.
A savings account will need a savings account deposit slip.

ACCOUNT INFORMATION

Bank Name _____

Name on Account _____ Routing # _____

Account Type: ☐ CHECKING ACCOUNT ☐ SAVINGS

PERSONAL INFORMATION

Name _____ Mobile Number _____

Address _____

_____

Email Address _____

Signature _____ Date _____

RETURN

Email: horsebook@playmeadowlands.com Fax: (201) 460-4042

Mail: Attn: Horsemen's Bookkeeper
Meadowlands Racetrack
1 Racetrack Drive
East Rutherford, NJ 07073