



Meadowlands Racing & Entertainment
Direct Deposit Authorization Agreement

Purse Payments

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 SAVING ACCOUNT WILL NEED A SAVING ACCOUNT DEPOSIT SLIP.

ACCOUNT INFORMATION

BANK NAME: _____

NAME ON CHECKING OR SAVING ACCOUNT: _____

ROUTING NUMBER: _____

[] CHECKING ACCOUNT or [] SAVING ACCOUNT

ACCOUNT NUMBER: _____

Personal Information

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

AUTHORIZED SIGNATURE (Primary) _____ Date _____

Return : EMAIL: horsebook@playmeadowlands.com or FAX: 201-460-4042

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