



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

AUTHORIZATION AGREEMENT

I hereby authorize **Miami Valley Gaming & Racing LLC** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold Miami Valley Gaming & Racing LLC 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 agreement will remain in effect until Miami Valley Gaming & Racing LLC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounting Department.

Please attach a Voided Check for verification of your pay distribution requests.

USTA # _____

Name (associated with USTA #): _____

ACCOUNT INFORMATION

Name of Financial Institution: _____

Account Type (Circle One): Checking Savings

Routing Number: _____

Account: _____

Email: (for check stub detail): _____

must be provided for ACH Deposits

SIGNATURE

Authorized Signature: _____ Date: _____

Miami Valley Gaming & Racing, LLC
6000 SR 63
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513-934-7070