



**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  
Lebanon, OH 45036  
513-934-7070**

**2023 – Miami Valley Gaming & Racing – Purse Authorization Form**

You must fill out the purse authorization form **completely** or it cannot be processed.  
Fax completed form to: (513) 409-5094 or Email to: Tina.Seekman@mvgrllc.com

USTA #: \_\_\_\_\_ {Individual or Stable}

**\*Do not give more than one USTA #\***

Name (associated with USTA #): \_\_\_\_\_ {Individual or Stable}

**\*Do not give more than one name\***

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

**Direct Deposit/ACH Mandatory \*additional form must be filled out\***

Circle **All** That Apply:            Owner            Trainer            Driver

Name (associated with TIN): \_\_\_\_\_

Address (as shown on your income tax return): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Taxpayer Identification Number {TIN} \*Do not give more than one TIN\***

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OR**

Employer Identification Number: \_\_\_\_\_ - \_\_\_\_\_

**OR**

W-8BEN (foreign): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_