<u>2025 – Miami Valley Gaming & Racing – Purse Authorization Form</u>

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 U	JSTA #):		{Individual or Stable}	
*Do not give more	than one name	*		
Mailing Address:				
			orm must be filled out*	
	Owner			
Name (associated with T	IN):			
Address (as shown on yo	ur income tax return	n):		
Taxpayer Identifica	tion Number {TI	N} *Do no	ot give more than one TIN*	
Social Security Number:				
(OR			
Employer Identification I	Number: – _			
	OR			
W-8BEN (foreign):				
Signature:				
Date:				



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 <u>Voided Check or other banking document</u> for verification of your Routing and Account numbers.

This form must be filled out completely or it cannot be processed.

USIA #			
Name (associated with USTA #):			
	ACCOUNT IN	FORMATION	
Name of Financial Institution: _			
Account Type (Circle <u>One)</u> :	Checking	Savings	
Routing Number:			<u> </u>
Account Number:			
Email: (for check stub detail):			
	SIG	SNATURE	
Authorized Signature:			Date:

Miami Valley Gaming & Racing, LLC 6000 SR 63 Lebanon, OH 45036 513-934-7070