

Have you submitted your 2023 Purse Authorization?
This is still required before any payments can be issued.

- A separate Electronic Payment Authorization will be required for each different owner or owner group.
- All USTA listed owners must sign the Electronic Payment Authorization Agreement. We will accept separately signed authorizations submitted via e mail or by fax.
- The Bank account name MUST match the Main account name as known by your bank. (Ex. – If the bank account name is John Smith then John’s Racing Stable cannot be listed as the name.)
- Domestic US Banks Only.
- An e mail address must be provided.
- You will be notified by e mail for each payment.
- The e mail will include the details of the payment - similar to a purse check stub. Please print a copy for your permanent record of the payment.
- Deposits will not be split to more than one bank account, or for ownership percentages.
- If your deposit is refused in the banking system, we will notify you as soon as we are advised.
- It will be your responsibility to verify that your deposit has been received.
- It will be your responsibility to notify the Purse Office if you wish to permanently stop Electronic Payments.
- It will be your responsibility to notify the Purse Office if your banking information changes.
- It will be your responsibility to verify each race meet that we are using your current bank information.
- The bank you select for Electronic Payment will not determine the amount reported on any 1099s at year end. This will be directed based on your general Purse Authorization.

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BUFFALO RACEWAY

5600 MCKINLEY PKWY, HAMBURG NY 14075

716-649-1280 Purse Office – x6301 Race Office – x 6234

E Mail to: MenchiB@buffaloraceway.com

Fax to Purse Office: 716-648-7641 (Private Office)

Electronic Payment Authorization Agreement

Authorization Agreement

I hereby authorize **Buffalo Raceway** to initiate automatic deposits to my/our account at the financial institution named below.

I agree not to hold **Buffalo Raceway** 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 to my account.

This agreement will remain in effect until **Buffalo Raceway** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Horsemen's Bookkeeper.

A separate Direct Deposit Authorization must be completed for each owner/owner group/trainer/driver.

Please attach a voided check and/or a savings account deposit slip.

Account Information

Name of Financial Institution: _____

Account NAME: _____

Routing Number: _____ (9 digits Maximum)

Account Number: _____ Checking Savings

FOR OFFICE USE

Primary Contact Information

Name : _____

Address: _____

Phone: _____

Email: (Required) _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____