

Disbursement Request Form

Date _____ Phone No _____

I hereby request the amount of \$ _____

Drawn on account of _____
(Please PRINT your name)

Account No: (Optional) _____ Memo _____

I would like to have this check either (select one):

Mailed

Transfer between Horseman Accounts
(Complete Transfer request below)

Hold for Pick Up

*IF A HORSE RUNS IN THE NAME OF A PARTNERSHIP THE CHECK WILL BE CUT WITH ALL NAMES ON THE PARTNERSHIP ACCOUNT. THE BOOKKEEPERS DO NOT PAY OUT PERCENTAGES TO DIFFERENT PARTNERS, IT IS THE RESPONSIBILITY OF THE PARTNERSHIP TO DISBURSE THE MONIES ACCORDINGLY.

Failure to pick an mailing selection will result in your check being mailed to the address you listed on your most recent W9

If you would like to transfer to another Horseman's Account:

Acct. Name: _____ Amount: \$ _____ Memo _____

Acct. Name: _____ Amount: \$ _____ Memo _____

Acct. Name: _____ Amount: \$ _____ Memo _____

Signature _____

Print Name: _____