



Information Authorization Form

This form will expire 12/31/2019

Date: _____

Re: Account Number _____

I, _____, an authorized signer on the above-mentioned
(name of person granting authorization)
account, held in the name of _____, hereby authorize
(account title)

Presque Isle Downs, to release information on my Horseman's account to

(Print name of person authorized for information)

I authorize release of the following information: (make an X by all that apply)

- Receive balance information
- Receive information regarding specific account information (ex. Deposits made, checks cleared, etc.)
- Obtain copies of statements
- Make deposits to my account
- Receive cash back from deposits on my account
(For Claiming Purposes only)
- Other(Describe) _____

Identifying information: _____

(info used to identify authorized individual – at least one of SSN, Copy of DL, Copy of PA Racing License or InCompass Pin)

As of today's date, I understand that this agreement will remain in effect until The Horseman's Bookkeeper receives further written notice canceling this agreement OR until 12/31/2018

(Signature) _____ (Printed Name) _____ (Date)

Effective _____, I wish to cancel this information authorization agreement on account number _____.

(Signature) _____ (Printed Name) _____ (Date)

Office Use Only

(ACCEPTED/DATE ENTERED) _____ (REJECTED/REASON) _____ (CANCELLED/DATE EFFECTIVE)