



Information Authorization Form

This form will expire 12/31/2021

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) _____

***You must submit the following with this form; the account holder's Copy of Unexpired Driver's License OR Copy of Unexpired Pennsylvania Racing Commission License**

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 12/31/2019

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

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

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

Office Use Only