PRESQUE ISLE DOWNS CASINO

Information Authorization Form

This form will expire 12/31/2025

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
___ Obtain copies of statements
___ Make deposits to my account
___ Request ACH payments
___ 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 12/31/2025

_____ (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 EFFICTIVE)