## **Presque Isle Downs**

## **Churchill Downs Racetrack**

## **Horsemen ACH Payment Enrollment Form**

	_		-	provide payment related information to your confirm that funds have been deposited.
Please check one of the follo	owing: New	. Char	nge	Account Closing
HORSEMEN INFORMATION				
Name:			InCompa	nss Account Number:
Current Mailing Address:				
			1	
Primary Telephone:			Email Address:	
FINIANICIAL INICTITUTION INI	CORMATION			
Name of Financial Institution:	ORIVIATION			
Nino digit Douting Transit News	\w.			
Nine-digit Routing Transit Number	er:			
Account Name:				
Account Number:				
Account Number.				
Type of Account: Check	ing Savings	3		
NAME			0123	1
ADDRESS CITY, STATE ZIE		ATE	01-2345/6789	
RAY TO THE ORDER OF	<u> </u>	\$		
ONDEROF			LARS	Attach VOIDED check
BANK NAME ADDRESS CITY, STATE Z	Р	001	LANS	
FOR				
1012345678	01234567890123	• 0123		_
Bank Routin Number	g Bank Account Number	Check Number		
notice to cancel or amend. I understan by the institution and Churchill Downs	d that the time of fund Racetrack cannot conti	s availability varies by rol any issues that ma	institution y arise. If m	e above listed account and will remain in force until I have given writter and that any funds availability, fees usage limits or restrictions are set onies to which I am not entitled are deposited to my account, I I authorize the financial institution to act on the Company's direction to
Name of Payee or Authorized Of	icial (Please print):			
Cinnatura a 15 i				
Signature and Date:				
FOR PARTNERSHIPS: Is the s	ignee ahove the	managing nartr	ner:	Yes No
If no, who is the managing p			. <u>-</u>	

Signature and date of managing partner: