

(Turfway Park)
Horsemen ACH Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

Please check one of the following: ☐ New ☐ Change ☐ Account Closing

HORSEMEN INFORMATION

Name:	InCompass Account Number:
Current Mailing Address:	
Primary Telephone:	Email Address:

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:	
Nine-digit Routing Transit Number:	
Account Number:	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

*attach a copy
of a voided
check here....*

NAME ADDRESS CITY, STATE ZIP		0123 01-23456789
DATE		
PAY TO THE ORDER OF		\$
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
0001		
001234567890	012345678901234	0123
Bank Routing Number	Bank Account Number	Check Number

By signing below, I authorize Turfway Park to deposit my requested funds into the above listed account and will remain in force until I have given written notice to cancel or amend. I understand that the time of funds availability varies by institution and that any funds availability, fees usage limits or restrictions are set by the institution and Turfway Park cannot control any issues that may arise. If monies to which I am not entitled are deposited to my account, I authorize Turfway Park to direct the financial institution to return said funds and I authorize the financial institution to act on the Company's direction to return said funds.

Name of Payee or Authorized Official (Please print):
Signature and Date:

FOR PARTNERSHIPS: Is the signee above the managing partner: ☐ YES ☐ NO

If no, who is the managing partner: _____

Signature and date of managing partner: _____