

## Direct Deposit Authorization Agreement

I hereby authorize **Running Aces** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Running Aces** responsible for any delay or loss of funds due to incorrect or missing information either supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Direct deposit of owner payments will be made consistent with signed Purse Authorization on file with Horsepersons' Bookkeeper.

This agreement will remain in effect until **Running Aces** receives a written notice of cancellation from me or my financial institution.

Please complete the following and provide a voided check for verification of information provided.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing number: \_\_\_\_\_  Checking  Savings

Account Number: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address (required) for statements to be sent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE REMEMBER TO SUBMIT A COPY OF A VOIDED CHECK WITH THIS FORM.**

**Email:** RAPayments@RunAces.com  
**Phone:** 651-925-4585

**Running Aces**  
Attn: Maureen Hanson  
15201 Running Aces Blvd  
Columbus, MN 55025

## Multiple Owner's Form

Please complete a separate form for each ownership combination

Name of Financial Institution: \_\_\_\_\_  
Routing number: \_\_\_\_\_  Checking  Savings  
Account Number: \_\_\_\_\_

### Primary Owner

Name \_\_\_\_\_ Address \_\_\_\_\_  
USTA Member #/ \_\_\_\_\_ Exp. Date \_\_\_\_\_ Email/Phone \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Second Owner

Name \_\_\_\_\_ Address \_\_\_\_\_  
USTA Member #/ \_\_\_\_\_ Exp. Date \_\_\_\_\_ Email/Phone \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Third Owner

Name \_\_\_\_\_ Address \_\_\_\_\_  
USTA Member #/ \_\_\_\_\_ Exp. Date \_\_\_\_\_ Email/Phone \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Fourth Owner

Name \_\_\_\_\_ Address \_\_\_\_\_  
USTA Member #/ \_\_\_\_\_ Exp. Date \_\_\_\_\_ Email/Phone \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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