



Purse Winning Direct Deposit Authorization

Fill out only for new authorization or if information has changed from previous authorization.

This document must be signed by person receiving automatic deposit of purse winnings. A voided check must be attached to verify account and bank routing numbers.

Account: Type (circle one) Checking Savings

Bank Name: _____

Bank RTN (ABA number): _____ Account Number: _____



Authorization

This authorizes Marion County Fair Association dba Knoxville Raceway (the Company) to send deposits electronically or by any other commercially accepted method, to my account indicated above. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. law. This authorization will be in effect until the Company receives a written notice from myself of change or cancelation and has a reasonable opportunity to act on it.

Authorized Signature: _____

Print Name: _____

Date: _____