MARYLAND THOROUGHBRED PURSE ACCOUNT
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.

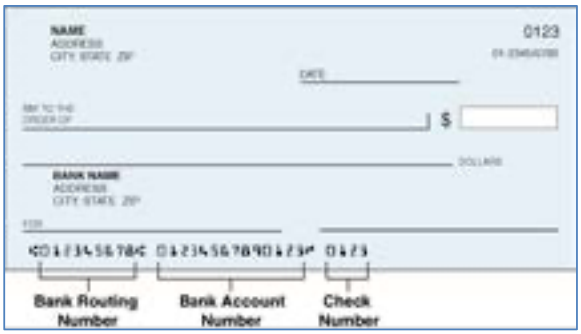
Please check one of the following: ☐ New ☐ Change ☐ Account Closing

HORSEMEN'S INFORMATION:

Name:	Incompass Account Number:
Mailing Address:	
Primary Telephone Number:	Email Address:

FINANCIAL INSTITUTION INFORMATION:

Name of Financial Institution:	
Account Name:	
Nine-digit Routing Number:	Type of Account: ☐ Checking Account ☐ Savings Account
Account Number:	



Attach VOIDED check

By signing below, I authorize Maryland Thoroughbred Purse Account, Inc. 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 Maryland Thoroughbred Purse Account, Inc. cannot control any issues that may arise. If monies to which I am not entitled are deposited to my account, I authorize Maryland Thoroughbred Purse Account, Inc. 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 Authorize Official (Please print):	
Signature:	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: _____

Horsemen's Bookkeeper: **KATHRYN SIZE** ksize@marylandracing.com | Assistant Bookkeeper: **HALEY KELLER** haley.keller@marylandracing.com