

2025 COMBINED PURSE AND E PAYMENT AUTHORIZATION AGREEMENT

PURSE AUTHORIZATION / TAX INFORMATION

Name:	1					
USTA #		C	neck all that apply	OWNER TRA	INER DRIVER	
Stable Name : USTA #	<u> </u>					
Address:		City	State	Country	Zip or Mail Code	
Phone:				Country		
	curity Number:	OR	,	lentification Numbe		
		T				
List all additional owners	and their USTA# :					
				I		
	E Payment Dire	ct Deposit Aut	horization Agree	ement		
A separate Direct Depo Please attach a voided If this account is alread Name of Bank / Financia	check and/or a savi y enrolled in E Payı	ngs account o Account Informent Direct D	deposit slip. mation veposit please d	isregard		
NAME on Account:						
Routing Number:		(9 digits Ma	<u>ximum)</u>			
Account Number:				Checking Savings		
	Purse	e Authorizatio	n Signatures			
Authorized Signature (F	Primary):			Date:		
Co-Owner				Date:		
Co-Owner				Date:		
Co-Owner				Date:		

See Other Side for Helpful Hints

HELPFUL HINTS COMBINED PURSE AND E PAYMENT AUTHORIZATION

<u>A completed Combined Purse and E Payment Authorization must be submitted each year</u> <u>before any payments will be issued. Canadian residents must also submit Form W-8BEN.</u>

- ALL purses, including claims, will be paid by Direct Deposit. You must have a domestic US bank account. Canadian and other foreign residents will be paid by check.
- All USTA listed owners must sign the Purse and E Payment Authorization Agreement. We will accept separately signed authorizations submitted via e mail or by fax.
- The "NAME on Account" on the Purse Authorization Form **MUST** match the Main account name as known by your bank. (Ex. If the bank account name is John Smith then John's Racing Stable cannot be listed as the name in banking section.)
- Canadian and other foreign individuals: If you have a US Bank Account with Routing Number (Not US Dollar Account) that may be used.
- You MUST provide an email address. You will be notified by email each time you receive a payment that will include details of the payment.
- It is your responsibility to notify the Purse Office if your banking information changes.
- It is your responsibility to verify that your deposit has been received by your bank.
- For year-end tax reporting purposes, you must use either a Social Security Number or a Taxpayer Identification Number (TIN), which matches the name of the primary owner, depending on the type of entity. Please contact Vince in the Purse Office for further clarification.

Direct Deposit Check Example

NAME ADDRESS CITY, STATE ZIP	DA	TE	0123 01-2345/6789
RAY TO THE ORDER OF			\$
BANK NAME ADDRESS CITY, STATE ZIP			DOLLARS
FOR 1:0123456781	01234567890123#	6153	
Bank Routing Number	Bank Account Number	Check Number	

See Other Side for Form