

COLONIAL DOWNS

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.

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 Name:
Account Number:

The diagram shows a check with the following fields and labels:

- NAME** (top left)
- ADDRESS** (top left)
- CITY, STATE ZIP** (top left)
- 0123** (top right)
- 01-23456789** (top right)
- DATE** (middle)
- PAY TO THE ORDER OF** (left)
- \$** (middle)
- DOLLARS** (right)
- BANK NAME** (left)
- ADDRESS** (left)
- CITY, STATE ZIP** (left)
- FOR** (left)
- ⑆0 2345678⑆** (bottom left)
- 0 234567890 123⑆** (bottom middle)
- 0 123** (bottom right)
- Bank Routing Number** (bottom left)
- Bank Account Number** (bottom middle)
- Check Number** (bottom right)

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

By signing below, I authorize Colonial Downs 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 Colonial Downs cannot control any issues that may arise.

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: _____