Direct Deposit
Authorization Agreement

I hereby authorize **The Red Mile** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **The Red Mile** responsible for any delay or loss of funds due to incorrect or incomplete information 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 Horsemen's Bookkeeper.

This agreement will remain in effect until **The Red Mile** receives written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization to the Horsemen's Bookkeeper.

Personal Information

This authorization is for the ☐ Owner ☐ Trainer ☐ Driver

Name: _____ USTA #: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Bank Account Information

Bank Name: _____ Swift/BIC #: _____

Routing / Transit #: _____ (For international wires only)

Account #: _____ Account Type:

Email Address: _____ ☐ Checking ☐ Savings

***Please note that an email address is required for statements to be sent.**

Signature: _____ Date: _____

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

Please return this form via email to: purses@redmile.biz

You may mail your forms to: The Red Mile – Attn: Autumn Garcia – 1101 Winbak Way – Lexington, KY 40504
Fax: 859-231-0217 Attn: Horsemen's Bookkeeper Phone: 859-255-0752, ask for Horsemen's Bookkeeper