

HOLLYWOOD GAMING  
MAHONING VALLEY RACE COURSE  
**HORSEMEN ACCOUNT DISBURSEMENT REQUEST**

[MVR.Bookkeeper@pngaming.com](mailto:MVR.Bookkeeper@pngaming.com)

Fax: 330-505-8661 Phone: 330-505-8807

\*\*\*During the dark season, please be aware that all disbursement requests will be processed once per month\*\*\*

**Note: A current signed W-9 (with correct tax identification information) must be on file with Horsemen's Bookkeepers Office, for this request to be honored. Individuals must have a social security number; partnerships and corporations need a federal identification number.**

ACCOUNT NUMBER: \_\_\_\_\_

FUNDS WILL BE DRAWN AGAINST

LEGAL STATUS OF ACCOUNT:    (INDIVIDUAL)        (PARTNERSHIP)        (CORPORATION)

ACCOUNT NAME: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AMOUNT TO BE DISBURSED: \_\_\_\_\_

(A SINGLE DAILY DISBURSEMENT WILL BE ISSUED AS INDICATED BELOW)

THIS CHECK SHOULD BE (MAILED 1<sup>ST</sup> CLASS) or (PICKED UP BY) \_\_\_\_\_

AMOUNT TO BE TRANSFERRED: \_\_\_\_\_

(TRANSFERS ONLY TO SAME OWNER ACCOUNT/AUTHORIZED AGENT/OR RACING COMMISSION)

***The Horsemen Bookkeeping Office is authorized to disburse / transfer as indicated below:***

CHECK MADE PAYABLE TO THE ACCOUNT NAME

(Corporations can only be disbursed in the corporation name)

Pay the authorized agent on file (Name) \_\_\_\_\_ Acct# \_\_\_\_\_

Pay a listed Partner (Name) \_\_\_\_\_ Acct# \_\_\_\_\_

Pay (Name) \_\_\_\_\_ Acct# \_\_\_\_\_

(Only to same owner account/authorized agent/ OH Racing Commission)

Address if mailed : \_\_\_\_\_

I, \_\_\_\_\_ the (Owner) (Authorized Agent) have signature rights to the above account and do authorize the above transaction.

\_\_\_\_\_  
Signature of owner/authorized agent

\_\_\_\_\_  
Date