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NOTE: A current signed W-9 (with correct tax identification information) must be a 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.

HORSEMAN ACCOUNT DISBURSEMENT REQUEST

DATE: _____ HORSEMEN ACCOUNT # (if known) _____

Funds will be drawn against this account number

ACCOUNT NAME: _____

PHONE NUMBER: _____ EMAIL: _____

AMOUNT TO BE DISBURSED: _____

PLEASE MAIL CHECK TO: Address on W-9 form Different Address (please specify)

Address (if different than W-9 form) _____

Check will be picked up by _____

HORSEMEN ACCOUNT TRANSFER REQUEST

AMOUNT TO BE TRANSFERRED: _____

TRANSFER TO:

Authorized Agent on file
Name: _____ Account # _____

Listed Partner
Name: _____ Account # _____

I, _____, the Owner / Authorized Agent (circle one), have signature rights to the above stated Horsemen account. By signing below, I authorize the Horsemen Bookkeeping Office to disburse/transfer the funds as indicated above.

Signature: _____

Date: _____

Printed Name: _____