



MVR.Bookkeeper@pennentertainment.com

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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 (Check) REQUEST:

DATE: _____

ACCOUNT NAME & # _____

(Funds will be drawn against this account #)

PHONE NUMBER: _____

AMOUNT TO BE DISBURSED: \$ _____

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

Address (if different than W-9 form) _____

OR:

Check will be picked up by _____

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: _____

Office Use Only:

Date completed: _____ Initialed By: _____