



## Direct Deposit Authorization Agreement

### Authorization Agreement

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

Further, I agree not to hold **Rosecroft** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

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

A separate Direct Deposit Authorization Agreement must be completed for every partnership.

Please attach a voided check and/or a savings account deposit slip for verification of your pay distribution requests.

In the event that the Company notifies the Bank(s) that funds to which I am not entitled have been deposited to my account(s) inadvertently, I hereby authorize and direct the Bank(s) to return said funds to the Company as soon as possible.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

### Personal Information

Name : \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check or deposit slip and return this form to the Horsemen's Bookkeeper.**