APPLICATION FOR PURSE PAYMENT

OWNER, DRIVER and/or TRAINER

Please complete this form in its entirety		
Primary Horse Owner: (*Banking information must be for this owner*)		
Horse Name:		
Horse Tattoo #:		
Primary Horse Owner Information:		
Contact Name:		
Street Address:		
City:	**Prov./State:**	**Postal/Zip Code:**
Country:		
Tel #:	**Email:**	

DIRECT DEPOSIT INFORMATION

*Your Payment will be deposited into your **BANK ACCOUNT***
You MUST provide a copy of a VOID CHEQUE or a BANK ACCOUNT VERIFICATION FORM from your financial institution. Please ensure that it clearly indicates your Financial Institution Number, Transit Number, Branch Name and Account Information.

Financial Institution # (3 digits)	**Transit # (5 digits)**	**Account # (up to 12 digits)**

Bank Name	**Branch Name**

Email address for payment notification:

*I hereby authorize **Horse Racing New Brunswick** to initiate deposits to the financial institution indicated above:*

Authorized Signature: _____

Date: _____

Upon completion, please e-mail this form to:

hrnbpurses@gmail.com
Subject Line: Purse Payment Form