



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.

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. Email: mary.mcdermott@rosecroft.com