

APPLICATION FOR PURSE PAYMENT



OWNER, DRIVER and/or TRAINER



Please complete this form in its entirety		
Primary Horse Owner: <i>(Banking information must be for this owner)</i>		
Horse Name:		
Horse Tattoo #:		
Primary Horse Owner Information:		
Contact Name:		
Street Address:		
City:	Prov./State:	Postal/Zip Code:
Country:		
Tel #:	Email:	
<u>DIRECT DEPOSIT INFORMATION</u>		
<p><i>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.</i></p>		
Financial Institution # (3 digits)	Transit # (5 digits)	Account # (up to 12 digits)
Bank Name		Branch Name
Email address for payment notification:		
<i>I hereby authorize Atlantic Lottery to initiate deposits to the financial institution indicated above:</i>		
Authorized Signature: _____		
Date: _____		

Upon completion, please return this form to:

Red Shores Racetrack & Casino – Race Office – ATTN: Kathy Carragher

58 Kensington Rd, Charlottetown, PE, C1A 9S8 PHONE 902-629-6636 – FAX 902-892-1052