

# APPLICATION FOR PURSE PAYMENT



OWNER, DRIVER and/or TRAINER



Please complete this form in its entirety		
<b>Primary Horse Owner:</b> <i>(Banking information must be for this owner)</i>		
Horse Name:		
Horse Tattoo #:		
<b>Primary Horse Owner Information:</b>		
Contact Name:		
Street Address:		
City:	Prov./State:	Postal/Zip Code:
Country:		
Tel #:	Email:	
<b><u>DIRECT DEPOSIT INFORMATION</u></b>		
<p><i>Your Payment will be deposited into your <b>BANK ACCOUNT</b> You <b>MUST</b> provide a copy of a <b>VOID CHEQUE</b> or a <b>BANK ACCOUNT VERIFICATION FORM</b> from your financial institution. Please ensure that it clearly indicates your Financial Institution Number, Transit Number, Branch Name and Account Information.</i></p>		
<b>Financial Institution # (3 digits)</b>	<b>Transit # (5 digits)</b>	<b>Account # (up to 12 digits)</b>
<b>Bank Name</b>	<b>Branch Name</b>	
<b>Email address for payment notification:</b>		
<i>I hereby authorize Atlantic Lottery to initiate deposits to the financial institution indicated above:</i>		
<b>Authorized Signature:</b> _____		
<b>Date:</b> _____		

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  
**Email: kathy.carragher@alc.ca**