

**PENN NATIONAL RACE COURSE  
HORSEMEN ACCOUNT DISBURSEMENT AUTHORIZATION**

Fax Request to 717-469-3386  
Email Request to [hcpn.horsebook@pngaming.com](mailto:hcpn.horsebook@pngaming.com)

Note: A current signed W-9 (with correct tax identification information) must be on file with the Horsemen Bookkeeping Office for this request to be honored. Individuals must have a Social Security number; partnerships and corporations need a federal identification number.

ACCOUNT NUMBER \_\_\_\_\_  
Funds will be drawn against this Account

LEGAL STATUS OF ACCOUNT: (Individual) (Partnership) (Corporation)

ACCOUNT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_  
(THIS ALLOWS US TO SEND YOU A YEAR END STATEMENT)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AMOUNT TO BE DISBURSED: \_\_\_\_\_  
(A single day disbursement will be issued as indicated below)

This check should be (mailed 1st class) (picked up by) \_\_\_\_\_  
**\*\*PLEASE INDICATE ONE\*\***

AMOUNT TO BE TRANSFERRED: \_\_\_\_\_ ACCOUNT TRANSFERRED TO: \_\_\_\_\_  
(Transfers only to other Horsemen Account).

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*The Horsemen's Bookkeeping Office is authorized to disburse/transfer as indicated below:*

**CHECK MADE PAYABLE TO THE ACCOUNT NAME**

(Corporation can only be disbursed in the corporation name)

PAY (OTHER) \_\_\_\_\_ Account # \_\_\_\_\_

Address if Mailed: \_\_\_\_\_

\_\_\_\_\_  
(Print Name) \_\_\_\_\_ the (owner) (authorized agent) have signature rights to the  
above account and do authorize the above transaction.

\_\_\_\_\_  
Signature of owner/authorized agent

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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*Casino*<sup>®</sup>  
**AT PENN NATIONAL RACE COURSE**