DIRECT DEPOSIT AUTHORIZATION

Please print neatly and legibly. Complete ALL the information below.

Driver/Car Number:
Car Owner:
Address:
City, State, Zip:
Email (required):
John Jones 124 Main Street Anywhere, MA 02345 Pay to the order of: Dollars Dollars Page to the order of: Check Routing Number Number Number (1-17 digits) O259 Check Number (do not include)
Name of Bank:
Account #:
9-Digit Routing #: Type of Account: □ Checking □ Savings (Check One)
The Juniata County Agricultural Society, dba PORT ROYAL SPEEDWAY is hereby authorized to directly deposit my race payout to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.
Signature:
Date:
Return form to speedway office Email: info@portroyalspeedway.com Mail: 308 West 8th Street, Port Royal, PA 17082

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