

# DIRECT DEPOSIT AUTHORIZATION

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

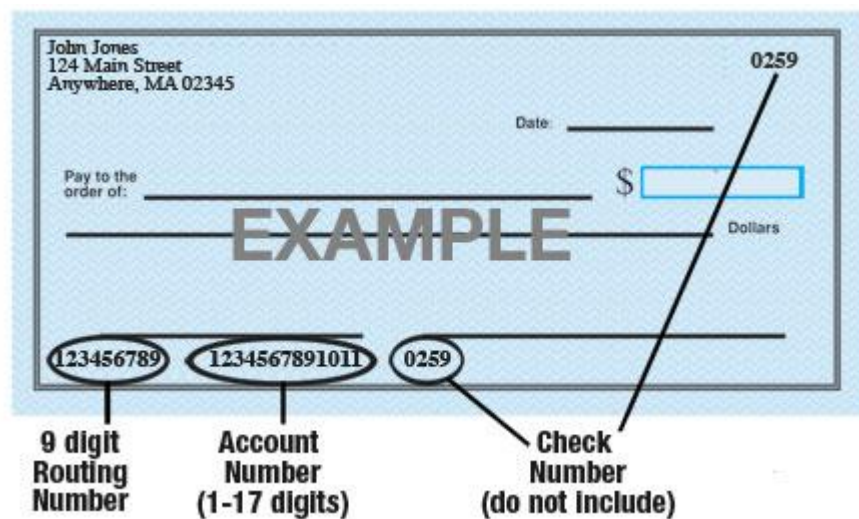
Driver/Car Number: \_\_\_\_\_

Car Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email (required): \_\_\_\_\_



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](mailto:info@portroyalspeedway.com)

Mail: 308 West 8th Street, Port Royal, PA 17082

