

OAK GROVE

RACING • GAMING • HOTEL

Welcome to the 2025 Oak Grove Racing Season!

We are pleased to announce that the 2025 season will start
Monday, March 24th, 2025.

DIRECT DEPOSIT and INTERNATIONAL WIRE ONLY

Please review the enclosed packet and complete the information on the forms below. These must be returned via email to ogghorsemeninfo@oakgrovegaming.com or dropped off at the racing administration office lock box.

This information is required to ensure timely payments for all horsemen. Paperwork must be received by the horseman's bookkeeper by noon on Wednesday to be included in that week's payment batch. Weekly payments will be made to owners, trainers and drivers unless otherwise stated on the purse authorization form.

Horsemen who provide a W-8 BEN or W-8 BEN-E will be subject to 30% withholdings from purses earned according to IRS Publication 515.

Should you have questions, please contact the horseman's bookkeeper at 270-984-4229.

Thank you for your cooperation and participation in this years live meet!



777 Winners Way
Oak Grove, KY 42262

PURSE AUTHORIZATION FORM

Account Name: _____
(Tax Responsible Party) _____

Current Mailing Address: _____

E-Mail Address: _____

Phone Number: _____ U.S.T.A #: _____

U.S. Social Security or TIN number: _____

Name of horse racing under this ownership: _____

Driver Trainer Owner

Payment Options: Direct Deposit On Demand (Hold Earnings)

Date: _____ Signature: _____

EMERGENCY CONTACT: _____ PHONE: _____

Please complete this form and W-9 and return to the Horseman's Bookkeeper at
ogghorsemeninfo@oakgrovegaming.com
270-984-4229 / 270-984-4200
Note: **NO PAYMENTS** will be issued without a completed Purse Authorization, Direct
Deposit Authorization Form, voided check (or letter from financial institution), and W-9.
Thank You

**** ONLY Valid for a US Bank Account ****

Oak Grove Racing Direct Deposit Authorization Agreement

Authorization Agreement

I hereby authorize **Oak Grove Racing** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Oak Grove Racing** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Oak Grove Racing** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Horsemen's Bookkeeper.

A separate Direct Deposit Authorization Agreement must be completed for every partnership.

Please attach a voided check or letter from your financial institution for verification of your pay distribution requests.

You must provide a valid email address.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Personal Information

Name : _____

Address: _____

Phone: _____

Email: _____

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____



777 Winners Way, Oak Grove, KY 42262

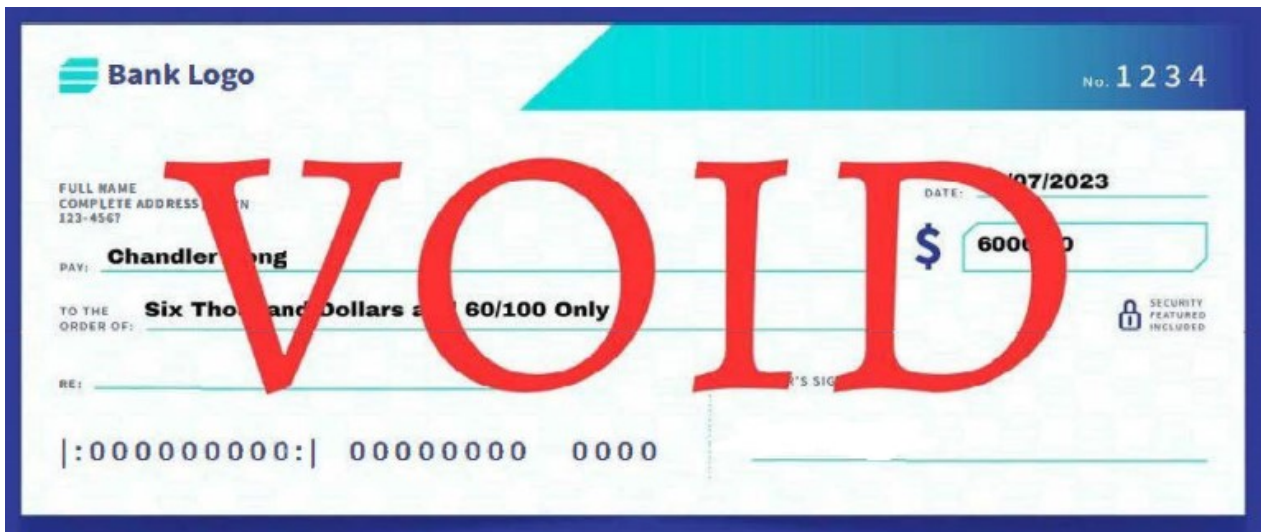
** ONLY Valid for a US Bank Account **

Oak Grove Racing Required Direct Deposit Documents

Please provide a check or letter from your financial institution for verification of your pay distribution requests. Letters from the financial institution must include the account holders name, institution name, account number, routing number, and signatures. Direct deposit can only be enrolled if a **voided check or complete letter and Direct Deposit Authorization Agreement is provided.**

The name listed in the race entries should match the check that is provided or letter from your financial institution. C or S corporations must provide business payment information. The bookkeeper has the right to refuse releasement of purses until correct payment information is provided.

NO Payments will be made via Check. Direct Deposit Only.



I certify I have provided both the Direct Deposit Agreement and voided check for the purpose of direct deposit enrollment.

Signature _____

