

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 270-984-4287.

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, Wire Authorization, and W-8 and return to the Horsemen's Bookkeeper at ogghorsemeninfo@oakgrovegaming.com. If you have any questions please call at (270) 984-4287.

Note: **NO PAYMENTS** will be issued without a completed packet.

Thank You.

Oak Grove Racing International Wire Authorization Agreement

Authorization Agreement

I hereby authorize **Oak Grove Racing** to initial a wire transfer 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.

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

You must provide a valid phone number as information must be independently vetted.

Account Information

Name of Financial Institution: _____

ABA/Swift Code _____ Bank Code _____

Account Number _____ Transit Number _____

Personal Information

Name : _____

Address: _____

Phone: _____

Email: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____



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