



Direct Deposit Form (2019)

Authorization Agreement

I hereby authorize **Harrah's Philadelphia Casino & Racetrack** to initiate automatic deposits into my account at the financial institution named below.

Further, I agree not to hold **Harrah's Philadelphia Casino & Racetrack** responsible for any delay or loss of funds due to incorrect or missing information either supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This authorization agreement will remain in effect until **Harrah's Philadelphia Casino & Racetrack** receives written notice of cancellation from me or my financial institution.

Personal Information

Name: _____ Phone #: _____

Street Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

InCompass Accounts
(Bookkeeper Use Only)

Account Information

Bank Name: _____

Routing #: _____

Account #: _____

Email Address (for statements): _____

Please Check Box

Business

Personal

Please Check Box

Checking

Savings

Signature

Signature: _____ Date: _____

Please submit a VOID check (required) along with this form to the Horseman's Bookkeeper:

Mailing Address:

Harrah's Philadelphia Casino & Racetrack
Attn: Horseman's Bookkeeper
777 Harrah's Blvd
Chester, PA 19013

Email Address:

ccrRacingAccounting@harrahs.com
BKrysko@harrahs.com
Fax #: 484-490-1888
Phone #: 484-490-1826