

MGM Yonkers, Inc.

Direct Deposit Authorization Agreement

I hereby authorize **MGM Yonkers, Inc.** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **MGM Yonkers, Inc.** 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.

Direct deposit of owner payments will be made consistent with signed Purse Authorization on file with Horsemen's Bookkeeper.

This agreement will remain in effect until **MGM Yonkers, Inc.** receives a written notice of cancellation from me or my financial institution.

Please complete the following and provide a voided check for verification of information provided.

Personal Information

Name: _____ Phone #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

USTA Member #/ _____ Exp. Date _____

Email address (required) for statements to be sent: _____

Account Information

Name of Financial Institution: _____

Checking account Routing number: _____

Account Number: _____

Signature: _____ Date: _____

PLEASE REMEMBER TO SUBMIT A COPY OF A VOIDED CHECK WITH THIS FORM.

Email: Agallo@empirecitycasino.com
Phone: 914-457-2421
Fax: 914-457-2514

MGM Yonkers, Inc.
Attn: Toni Gallo
810 Yonkers Ave
Yonkers, NY 10704

MGM Yonkers, Inc.

Multiple Owner's Form

Please complete a separate form for each ownership combination

Name of Financial Institution: _____

Checking Account Routing number: _____

Account Number: _____

Primary Owner

Name _____ Address _____

USTA Member #/ _____ Exp. Date _____ Phone _____

Signature: _____ Date: _____

Email address (required) for statements to be sent: _____

Second Owner

Name _____ Address _____

USTA Member #/ _____ Exp. Date _____ Email/Phone _____

Signature: _____ Date: _____

Third Owner

Name _____ Address _____

USTA Member #/ _____ Exp. Date _____ Email/Phone _____

Signature: _____ Date: _____

Fourth Owner

Name _____ Address _____

USTA Member #/ _____ Exp. Date _____ Email/Phone _____

Signature: _____ Date: _____

PLEASE REMEMBER TO SUBMIT A COPY OF A VOIDED CHECK WITH THIS FORM.

Email: Agallo@empirecitycasino.com

Phone: 914-968-4200 x77421

Fax: 914-457-2514

MGM Yonkers, Inc.

Attn: Toni Gallo

810 Yonkers Ave

Yonkers, NY 10704