



Louisiana HBPA

Direct Deposit Agreement Form – Horsemen’s Bookkeeper, Multiple Owners

Authorization Agreement-Each Owner must fill out this form

I hereby authorize Louisiana HBPA to initiate automatic deposits to the account at the financial institution named below. I also authorize Louisiana HBPA to make withdrawals from this account in the event that a credit entry is made in error. I hereby authorize _____ to request checks/direct deposits from Horsemen’s Bookkeeper account number _____.

Further, I agree not to hold Louisiana HBPA 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 Louisiana HBPA receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll. **Please submit a copy of a voided check with your form.**

Account Information

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	



Signature

Authorized Signature: _____ Date: _____

Print Name: _____