To: All Riders  
Subject: Direct Deposit  

As an added benefit to our riders, AMA Pro Racing is pleased to offer direct deposit of your purse check into your checking or savings account. Any licensed rider who has an account with almost any bank or financial institution in the United States may participate in our Direct Deposit program. You will continue to receive a check stub reflecting your purse earnings information to keep for your records. In order to participate in this program, you must have a U.S. social security number.

There are many benefits to direct deposit such as no possibility of lost or stolen checks, your funds are available immediately the same day they are deposited into your account and no more trips to the bank to cash or deposit your check. This all adds up to not only more convenience but added security as well to you.

To authorize automatic deposit of your purse earnings, please complete the attached DirectDeposit Authorization form and return it to:

AMA Pro Racing  
Attn: Nicole Crozier  
525 Fentress Blvd. Ste. B.  
Daytona Beach, FL 32114

Please Note: All riders who previously participated in the Direct Deposit program must send in a new application form to be set up for the 2019 Season.

Processing of your direct deposit may take up to 3 - 4 weeks before it is in effect. Until your direct deposit has been processed you will receive an actual live check. Once direct deposit processing has been completed your next check will be directly deposited into your account and from that point forward you will receive only a non-negotiable check. This non-negotiable check is your receipt that your direct deposit has been processed.

Your direct deposit will be cancelled if you have any outstanding balances due to AMA Pro Racing, such as you owe a fine or have a declined credit card or returned check. Once all outstanding issues have been resolved, you may apply to be set back up on direct deposit by going through the same process as you did when applying for a new direct deposit.

If you need to make changes to which bank you are using, your account numbers or you wish to cancel your direct deposit, all requests must be sent in writing to the address listed above.

If you have any questions, or need help in completing the Direct Deposit Authorization form, please contact Nicole Crozier at (386) 492-1014 ext.141. In order to prevent delays in processing, please make sure all requested information is complete and legible.

Thank you.
AMA PRO RACING DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize AMA Pro Racing to initiate credit entries and if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the Depository named below, to credit the same to such accounts.

This authority is to remain in effect until 12/31/2019 unless cancelled in writing.

PLEASE PRINT CLEARLY

Name: ____________________________________________________________

Address: ____________________________________________________________________________

City: __________________________ State: __________ Zip: _________________

Social Security Number: ________________________________________________________________________

Email address: ____________________________________________________________________________

Direct deposit total purse earnings into the following account: (CHECK ONLY ONE)

Checking Account #: __________________________ ABA TRANSIT NUMBER __________________________ ACCOUNT NUMBER __________________________

Savings Account #: __________________________ ABA TRANSIT NUMBER __________________________ ACCOUNT NUMBER __________________________

Bank Name: ________________________________

City: __________________________ State: __________

**NOTE: For Checking Accounts: PLEASE ATTACH A VOIDED CHECK.

For Savings Accounts: You must call your bank to verify correct routing and account numbers.

(Caution: Savings deposit slip may have invalid routing numbers!)

_________________________________________ _________________________________

SIGNATURE DATE SIGNED

_________________________________________

PRINTED NAME