

# Horsemen ACH Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

Please check one of the following:  New  Change

## HORSEMEN INFORMATION

Name:	Incompass Account Number:
Current Mailing Address:	
Social Security or Taxpayer ID (required):	Contact Person Name:
Primary Telephone:	Email Address:

## FINANCIAL INSTITUTION INFORMATION

Account Name:	
Name of Financial Institution:	
Financial Institution Address:	
Nine-digit Routing Transit Number:	
Account Number:	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Usage: <input type="checkbox"/> Personal <input type="checkbox"/> Business
Name of Payee or Authorized Official (please print):	
Signature and Title of Payee or Authorized Official (required):	Date:

A **voided check** must accompany this form in order to receive payments electronically. A **Social Security Number or Taxpayer ID** is required for vendor verification. An **email address** is recommended to participate in this program.

To opt out of ACH payments, please contact the Horsemen's Bookkeeper at 859 280-4748 or [horsebook@keeneland.com](mailto:horsebook@keeneland.com)

**Send this form and voided check to:**  
Keeneland Association, Inc.  
Attn: Horsemen's Bookkeeper  
P.O. Box 1690  
Lexington, KY 40588-1690  
859 280-4748

**OR Form and voided check image may be emailed to:**  
[horsebook@keeneland.com](mailto:horsebook@keeneland.com)