

# Nebraska HBPA

## 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.

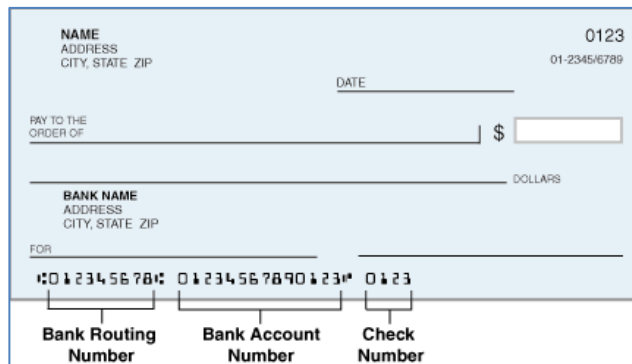
Please check one of the following:  New  Change  Account Closing

### HORSEMEN INFORMATION

Name:	InCompass Account Number:
Current Mailing Address:	
Primary Telephone:	Email Address:

### FINANCIAL INSTITUTION INFORMATION (fill in required information below or attach void check or copy of)

Name of Financial Institution:	
Nine-digit Routing Transit Number:	
Account Number:	
Type of Account:    ___ Checking    ___ Savings	



By signing below, I authorize **the Horsemen's Bookkeeper Account held by the NE HBPA** to deposit my requested funds into the above listed account and will remain in force until I have given written notice to cancel or amend. I understand that the time of funds availability varies by institution and that any funds availability, fees usage limits or restrictions are set by the institution and **the Horsemen's Bookkeeper Account held by the NE HBPA** cannot control any issues that may arise. If monies to which I am not entitled are deposited to my account, I authorize **the Horsemen's Bookkeeper Account held by the NE HBPA** to direct the financial institution to return said funds and I authorize the financial institution to act on the Company's direction to return said funds.

Name of Payee or Authorized Official (Please print):
Signature and Date:

# Nebraska HBPA

## 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  Account Closing

### HORSEMEN INFORMATION

Name: <b>Jane Doe</b>	InCompass Account Number: <b>55555</b>
Current Mailing Address: <b>123 Main Street, Grand Island NE 68801</b>	
Primary Telephone: <b>308-867-5309</b>	Email Address: <b>JaneDoe@Email.com</b>

### FINANCIAL INSTITUTION INFORMATION (fill in required information below or attach void check or copy of)

Name of Financial Institution: <b>Local Bank</b>
Nine-digit Routing Transit Number: <b>123123123</b>
Account Number: <b>515515515</b>
Type of Account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings

NAME ADDRESS CITY, STATE, ZIP	0123 01-2345/6789
DATE	
PAY TO THE ORDER OF	\$ <input style="width: 50px;" type="text"/>
BANK NAME ADDRESS CITY, STATE, ZIP	DOLLARS
FOR	
⑆0 1 2 3 4 5 6 7 8 ⑆	0 1 2 3 4 5 6 7 8 9 0 1 2 3 ⑆
Bank Routing Number	Bank Account Number
	Check Number

By signing below, I authorize **the Horsemen's Bookkeeper Account held by the NE HBPA** to deposit my requested funds into the above listed account and will remain in force until I have given written notice to cancel or amend. I understand that the time of funds availability varies by institution and that any funds availability, fees usage limits or restrictions are set by the institution and **the Horsemen's Bookkeeper Account held by the NE HBPA** cannot control any issues that may arise. If monies to which I am not entitled are deposited to my account, I authorize **the Horsemen's Bookkeeper Account held by the NE HBPA** to direct the financial institution to return said funds and I authorize the financial institution to act on the Company's direction to return said funds.

Name of Payee or Authorized Official (Please print): <b>Jane Doe</b>
Signature and Date: <b>Jane Doe 1-10-2023</b>