

Drivers, please fill out this Authorization Agreement. All weekly payouts will be direct deposit starting with the "2026" Racing Season.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)
Company Name Shawano Area Ag Society Company ID Number: #3000041806

I (we) hereby authorize Shawano Area Ag Society, hereinafter called COMPANY, to credit entries to my (our) **Checking Account/ Savings Account (select one)** indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

| | |
|-----------------------|-----------------------|
| Depository Name _____ | Branch _____ |
| City _____ | State _____ Zip _____ |
| Routing Number _____ | Account Number _____ |

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

| | |
|---------------|-----------------|
| Name(s) _____ | ID Number _____ |
| Date _____ | Signature _____ |

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.



"2026" DRIVERS INFORMATION SHEET

Please fill out form completely and clearly!!

Car Number: _____

Imca Sport Mod _____

Class of Competition: Imca Mod _____

Imca Stock _____

Late Model _____

Imca Sport Compact _____

Other – List Division: _____

Please Furnish The Following Information:

Driver: _____

Phone Number: _____

Address: _____

City, State & Zip Code: _____

Birth date: _____

Emergency Contact: Name: _____ Phone Number: _____

Name of Person to Which the Purse Check should be made out To: This is the Person who will receive the 1099 at the end of the year.

(Checks Cannot Be Issued Without This Information)

Name: _____

Social Security Number: _____ or FEIN Number: _____

Address: _____

City, State & Zip Code: _____

Phone Number: _____

2026 SHAWANO SPEEDWAY

**DRIVERS INFORMATION SHEET
(FOR ANNOUNCER)**

CAR NUMBER _____ DIVISION _____

CAR MAKE & YEAR _____ YEARS OF EXPERIENCE _____

CAR DRIVER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CAR OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CREW _____

SPONSORS: LIST IN ORDER YOU WANT THEM READ

