

**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.