



Louisiana Horsemen's Pension Trust

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Louisiana Horsemen's Pension Trust to initiate automatic deposits to my account at the financial institution named below. I also authorize Louisiana Horsemen's Pension Trust to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Louisiana Horsemen's Pension Trust responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Louisiana Horsemen's Pension Trust receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll.

Account Information

Account Type: Checking Savings

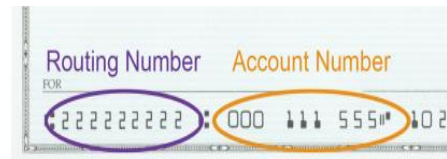
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Signature

Authorized Signature: _____ Date: _____