

Direct Deposit Authorization Form

Circle T Amusements, LLC, DBA, Oswego Speedway
PO Box 3043 - Oswego NY 13126
315-342-0646 - oswegospeedway@gmail.com

Financial Institution Information

Bank Name: _____ Phone #: _____

Address: _____

Routing #: _____ Account #: _____

You must attach a voided check or bank letter for account verification to process.

Payee Information

Name / Business to be Paid: _____

SSN / EIN: _____

Address: _____

Please mark one box and complete the applicable section.

Employee Competitor Email: _____

Competitor Information

Car #: _____ Division: _____

Employee Information

Please mark one box for your department.

Safety Crew Event Staff Novelty Concessions
 Maintenance Kartway Office Tech / Stewards
 Tickets Point Fund Tower / Officials

I authorize Oswego Speedway to directly deposit my pay into the account listed above. This authorization will remain in effect until I change or cancel it in writing.

Signature

Date

Printed Name