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**NOTE: A current signed W-9 (with correct tax identification information) must be on file with Horseman's Bookkeepers Office for this request to be honored. Individuals must have a Social Security number; partnerships and corporations need a federal identification number.**

**HORSEMAN ACCOUNT DISBURSEMENT (Check) REQUEST:**

**DATE:** \_\_\_\_\_

**ACCOUNT NAME**

**ACCOUNT NUMBER** \_\_\_\_\_

(Funds will be drawn against this account #)

**PHONE NUMBER:** \_\_\_\_\_

**AMOUNT TO BE DISBURSED: \$** \_\_\_\_\_

**PLEASE MAIL CHECK TO :**  Address on W-9 form  Different Address (please specify)

Address (if different than W-9 form) \_\_\_\_\_  
\_\_\_\_\_

**OR:**

**Check will be picked up by** \_\_\_\_\_

I, \_\_\_\_\_, the Owner / Authorized Agent (circle one), have signature rights to the above stated Horsemen account. By signing below, I authorize the Horsemen Bookkeeping Office to disburse/transfer the funds as indicated above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use Only:**

Date completed: \_\_\_\_\_ Initialed By: \_\_\_\_\_