

**ATLANTIC STANDARD BRED
BREEDERS ASSOCIATION**

**APPLICATION FOR PURSE PAYMENT
OWNER**



Application Must Be Completed in its Entirety

First Owner of Record: Banking Information **MUST** be for this owner

Name of Horse(s) in ASBA Program:

First Owner of Record Information

Contact Name:

Mailing Address:

Street Address:

Province:

Postal Code:

Telephone Number:

Email Address:

Direct Deposit Banking Information

Financial Institution # (3 digits)

Account # (up to 12 digits)

Transit # (5 digits)

Name of Bank

Branch Name

Email Address for payment:

I hereby authorize Atlantic Standardbred Breeders Association to initiate deposits to the Financial Institution indicated above.

Authorization Signature:

Date:

Upon Completion please return this form and the Void Cheque or Bank Account Verification Form to:

debbie.francis@eastlink.ca

or

**ASBA C/O Debbie Francis
31 Cochrane Lane
Sweets Corner, NS B0N 2T0
Phone 902 790 1885**

Purse Payments will be deposited into your bank account provided.

You must complete this form and provide a copy of a VOID CHEQUE or a BANK ACCOUNT VERIFICATION form from your Financial Institution. Please make sure it clearly states your Financial Institution Number, Transit Number, Branch Name and Account Information.