



CONTINGENCY PAYMENT REQUEST FORM

Shooter Contact Information

Name: _____
(Name that matches Federal/Country ID or Social Security Number)

Address: _____

City: _____ State/Province: _____ Zip/Mail Code: _____

Country: _____ Email: _____ Phone: _____

Tournament Information

ASA Tour Location: _____

Class/Division (i.e. Semi Pro, K45, etc): _____

Place (1st, 2nd or 3rd): _____

Bank/Payment Information

Payment Preference (check one):

☐ Check

☐ Direct Deposit (fill out information below for direct deposit)

Bank Name: _____

Routing Number: _____

Account Number: _____

IRS form W-9 must also be submitted to process this request.

Please send completed forms to: payout@hoyt.com.