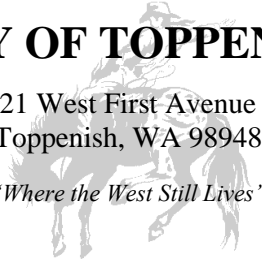


CITY OF TOPPENISH

21 West First Avenue
Toppenish, WA 98948

"Where the West Still Lives"



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the City of Toppenish to deposit my pay to the financial institution below:

Name of Financial Institution _____ Branch _____

Routing number _____ Account number _____

Type of Account: ___Checking _____Amount (\$ or %)

 ___Savings _____Amount (\$ or %)

This authority is to remain in full force and effect until The City of Toppenish has received written notification from you of its termination. Notification should be at least 30 days prior to termination of direct deposit, and in such a time and manner to afford the City of Toppenish and the financial institution reasonable opportunity to act.

Name _____

Signature _____

Date _____

PLEASE ATTACH YOUR VOIDED CHECK to be used to verify routing and account numbers.

Date received _____

Date entered into payroll system _____

Date Pre-note Completed _____