AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Company Name: CITY OF PALESTINE NEW_____ CHANGE_____ CANCEL_____

I do hereby authorize the CITY OF PALESTINE, to initiate credit entries to the account below, and to initiate corrective reversal entries (debits) to the account indicated below in the event of any credit entries that were originated in error.

NAME OF DEPOSITORY FINANCIAL INSTITUTION: _____

LOCATION OF DEPOSITORY FINANCIAL INSTITUTION: _____

TRANSIT/ABA NUMBER (9 DIGITS):_____

ACCOUNT NUMBER:_____

TYPE OF ACCOUNT: CHECKING_____ SAVINGS _____ PERCENT OR $ TO DEPOSIT_____

This authority is to remain in effect until the City of Palestine has received my written notice of its termination in such time and in such manner as to afford the City of Palestine a reasonable opportunity to act upon it.

NAME:_____

(please print)

DATE:_____ SIGNATURE:_____

AFFIX A VOIDED CHECK BELOW: