



# Indiana County Municipal Services Authority



\_\_\_\_\_  
Customer Name(s) - Please print legibly

\_\_\_\_\_  
ICMSA Account #

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
E-mail Address

I (we) hereby authorize Indiana County Municipal Services Authority (ICMSA), hereinafter called COMPANY, to initiate automated clearinghouse entries to my (our) account indicated below and the depository named below, herein called DEPOSITORY, to credit and/or debit the same to such account.

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***Please attach a voided check to this form and return to ICMSA***

\_\_\_\_\_  
Depository (Financial Institution) Name:

\_\_\_\_\_  
Branch:

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Transit/ABA Number

\_\_\_\_\_  
Account Number

Account Type: \_\_\_\_\_ Checking

\_\_\_\_\_ Savings

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This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date