



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.

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

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