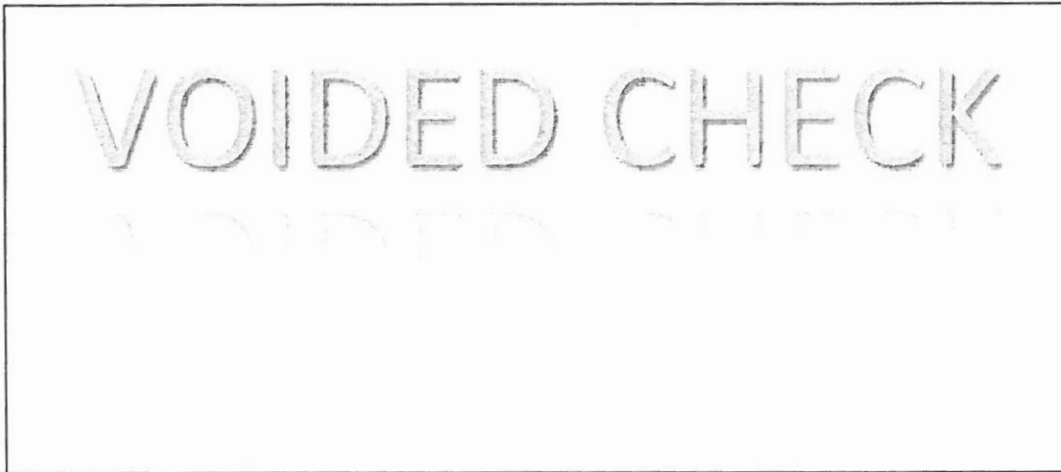


CUSTOMERS WANTING TO HAVE PAYMENTS DIRECTLY WITHDRAWN FROM A BANK ACCOUNT,
PLEASE COMPLETE THE APPLICATION BELOW AND RETURN WITH YOUR SEWER BILL.

Borough of Indiana – Direct Debit Application
Authorization for Direct Withdrawal

Please attach a voided check to this form and return to the Borough of Indiana Administrative Office



Company Name: Borough of Indiana

I/we hereby authorize the above named and First Commonwealth Bank (BANK) to initiate credit or debit entries and, if necessary, any adjustments needed to correct entries made in error, to account(s) indicated below, and the financial institution named on voided check, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account(s). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Laws and Regulations including the Sanction Laws administered by the Office of Foreign Asset Control.

This authorization 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 in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Full Name (first, middle, last) – Please print

Phone Number

Signature (required)

Date

Sewage Account #(s)