



AIC Debt Setoff Registration/Participation Form

Unit of Local Government Entity Name: _____

Coordinator for Liaising with AIC TRECs Clearinghouse

First Name: _____

Last Name: _____

Title: _____

Contact Phone Number: _____

Contact Email Address: _____

Unit of Government Address: _____

Contact for Automated Voice Response System for Debtors to be Referred to for Questions about Debt (can be same as Coordinator)

First Name: _____

Last Name: _____

Title: _____

Contact Telephone Number: _____

Local Government Authorized Official Signature and Date:

Name

Date

The above authorized official attests that our local government agency will follow the written notice and hearing requirements pursuant to IC 6-8.1-9.5 and the AIC Clearinghouse Tax Refund Exchange and Compliance System (TRECs) Memorandum of Understanding, prior to submitting any debts to the AIC Clearinghouse Debt Setoff TRECs Program.

AIC Debt Setoff Registration/Participation Form Instruction

Please be aware of the following statement after all questions:

“The above authorized official attests that our local government agency will follow the written notice and hearing requirements pursuant to IC 6-8.1-9.5 and the AIC Clearinghouse Tax Refund Exchange and Compliance System (TREC’s) Memorandum of Understanding, prior to submitting any debts to the AIC TREC’s Clearinghouse Debt Setoff Program”.

By signing the local government official is attesting that he/she understands the requirements of both the Indiana Code and the Memorandum of Understanding. The Memorandum of Understanding has already been signed and submitted for participating members. A link to the applicable Indiana Code and a copy of the MoU are available on