



Automatic Pay Option Enrollment Form

To enroll, simply:

1. Print this page.
2. Complete the form.
3. Mail it to:
Indianapolis Power & Light Company
P. O. Box 1595
Indianapolis, IN 46206-1595

Note: If you do not have access to a printer, call IPL Customer Service for residential at 317.261.8222 or for business at 317.261.8444 to request that a form be sent to your home by U.S. mail.

- Yes!** I'd like to enroll in IPL's Automatic Payment Option.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Telephone Number: (_____) _____

Your IPL Account Number: _____

IMPORTANT NOTICE: In order to process your request, you must include a voided check with this completed form.

Bank or Financial Institution: _____

Checking Account Number: _____

I authorized IPL to deduct funds from my account to pay my IPL bills directly from the financial institution named on my voided check or deposit slip. I acknowledge that the receipt each month of a bill for regulated services from IPL constitutes prior notice to me of pre-arranged payments that may differ from month to month. I understand that I can stop participation in this program at any time if I notify IPL and/or my financial institution in writing. I also understand that IPL and/or financial institution can stop my participation in this if necessary.

Your Signature: _____

Today's Date: _____