



Automatic Pay Option and ExpressCheck™ Enrollment Form

To enroll, simply:

1. Print this page.
2. Complete the form.
3. Mail it to: **Convenient Payment Options,
c/o Indianapolis Power & Light Company
P. O. Box 1595, Room 629
Indianapolis, IN 46206-1595**

Note: If you do not have access to a printer, call IPL Customer Service at (317) 261-8222 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**.

Yes! I'd like to enroll in IPL's **ExpressCheck™ 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 enclosed. 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 my financial institution can stop my participation in this if necessary.

Your Signature _____

Today's date _____