Sign up for AUTOPAY

The Smart Hassle-Free Way To Pay Your Bill.

 FREE TO USE

 SECURE!

 SAVE TIME!

 NO POSTAGE!

 AVOID LATE FEES!

 EASY TO ENROLL!

Complete the form below, detach and return to our office. You'll be glad you did!

AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT

Customer Name (s) _____ Phone#: _____
Name of Utility Independence Light & Power, Telecommunications Utility ID: 42-0862266

I (we) hereby authorize to pay Independence Light & Power, Telecommunications, hereinafter called UTLIITY, the total due each month, as shown on the monthly billing, by deducting the amount from my (our) _____ Checking (includes NOW or share draft) or, _____ Savings account indicated below and the BANK named below. All transactions are debited on your due date each month. This will commence with your next billing.

BANK NAME _____ **BRANCH** _____
CITY _____ **STATE** _____ **ZIP** _____
ROUTING NUMBER _____ **ACCOUNT NUMBER** _____

This written authority is to remain in full force and effect until UTILITY and BANK have received written notification from me (or either of us) of its termination in such time as to follow UTILITY and BANK a reasonable opportunity to act on my request.

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____

*****PLEASE INCLUDE A VOIDED CHECK*****

Office Use Only → Account # _____ Billing Cycle _____

700 7th Ave NE • Independence, IA 50644
www.indytel.com • (319) 332-0100
Hours: Monday-Friday 7:00am – 4:00pm