



Automatic Payment Option Enrollment Form

To enroll, simply:

1. Print this page.
2. Complete the form.
3. Mail it to:
AES Indiana
P. O. Box 1595
Indianapolis, IN 46206-1595

Note: If you do not have access to a printer, call AES Indiana Customer Service at 317.261.8222 for residential customers or 317.261.8444 for business customers to request that a form be sent via U.S. mail.

Yes! I'd like to enroll in AES Indiana's Automatic Payment Option.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Telephone Number: (_____) _____

Your AES Indiana 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 AES Indiana to deduct funds from my account to pay my AES Indiana 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 AES Indiana 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 AES Indiana and/or my financial institution in writing. I also understand that AES Indiana and/or financial institution can stop my participation in this if necessary.

Your Signature: _____

Today's Date: _____