

**AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT**

**Independence Light and Power, Telecommunications**  
**700 7<sup>th</sup> Ave. NE, PO Box 754, Independence, IA 50644**  
**319-334-3880                      Mon-Fri 7:00AM – 4:00PM**

**Customer Name(s)** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Please Print

**Name of Utility** Independence Light and Power. Telecommunications      **Utility Id#** 42-0862266

I (we) hereby authorize to pay Independence Light and Power, Telecommunications, hereinafter called UTILITY, 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 NO** \_\_\_\_\_ **ACCOUNT NO** \_\_\_\_\_

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 allow UTILITY and BANK a reasonable opportunity to act on my request.

**SIGNED X** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNED X** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE INCLUDE A VOIDED CHECK**

Office use only      Acct # \_\_\_\_\_      Cycle # \_\_\_\_\_