

Account/Billing Information Update Form

Introduction

Please sign and return this form to the following address:

IN.gov, 151 W. Ohio St., Suite 100, Indianapolis, IN 46204

Questions? Call Customer Service at 888-446-3468

Billing Information Update Form

IN.gov Account Number:

Business, Individual or Government Entity Name:

Billing Information

Physical Address:

Address Line 1:

Address Line 2:

City/State/Zip:

Physical Address is the same as the Billing Address:

Yes

No

Billing Address: (if not the same as the Physical Address)

Address Line 1:

Address Line 2:

City/State/Zip:

Credit Card Information (if applicable)

Select card type::

Discover Card

MasterCard

Visa

Card Number::

Name on Card::

Expiration Date::

Direct Debit Information (if applicable)

Bank Name::

Routing Number::

Account Number::

Billing Contact Information (for non-autopay accounts, monthly invoice is sent to Billing Contact.)

Billing Contact Name::

Billing Contact Email::

By checking this box, I acknowledge that invoices will be emailed to the Billing Contact if the account is not set on auto pay.

Authorized Signature::

Date::