

# ZapCheck Enrollment

To sign up for ZapCheck, return this form along with a voided check or savings account deposit slip.

Mail to NIFL Consumer Programs, 801 E. 86th Ave., Merrillville, IN 46410.

I authorize NIFL and the financial institution listed below to transfer (debit) money from the indicated checking or savings account for payment of my NIFL bill. I will continue to pay my bill by check until I am notified that my ZapCheck service has started. I have read and understand the ZapCheck service agreement on the reverse side.

Customer Name

Your NIFL Account Number

Service Address (Street/City/ZIP Code)

Mailing Address (if different)

Daytime Phone Number

Is this a Credit Union? Y N

Financial Institution

Address (Street/City/State/ZIP Code)

Checking Account     Savings Account

Routing Number

Account Number

Authorized Signature

Date

Please choose (and check) one of the following:  Withdraw payment from any account 5 days before due date.     Withdraw payment from my account on due date.

**Forms that are not complete or do not include a voided check or deposit slip will not be processed or returned.**