ALLIANT ENERGY

AUTOMATIC PAYMENT CUSTOMER AUTHORIZATION AGREEMENT

PRINT FORM RESET FORM

INSTRUCTIONS:

1. To enroll in the *Automatic Payment* program, fill out the form, **sign it and send it in with a voided check.**
2. You will receive a regular bill statement with an *Automatic Payment* message and the date your payment will be deducted. This is your official notification that *Automatic Payment* has started. **Please continue to pay your bill as usual until you see the *Automatic Payment* message displayed on the bill.**
3. Your bank will automatically deduct the amount from your account.

CUSTOMER INFORMATION

Customer Name		Mailing Address	
City		State	Zip
Alliant Energy Account No.		Bank Name	
Bank Address		City	
State	Zip	Bank Phone No. ( )	

CUSTOMER AUTOMATIC PAYMENT AUTHORIZATION & AGREEMENT

I (we) hereby authorize and request Alliant Energy Corporate Services, Inc. ("Alliant Energy"), as agent for Interstate Power and Light Company and Wisconsin Power and Light Company, to effect payment for goods and services rendered at:

Address	City	State	Zip

by initiating debit entries to my (our) account in the financial institution named on this form hereinafter called BANK. These debit entries are to be initiated by Alliant Energy periodically as such amounts become due without any further authorization from me (either of us).

I (we) authorize and request BANK to accept any debit entries initiated by Alliant Energy to such account and to debit the same to such account without responsibility for the correctness thereof. It is understood that the debit entry sent to the BANK may not exceed the amount printed on the memorandum bill, which may be mailed approximately 20 (10 to 15 in Wisconsin) days before the transfer takes place. The transfer will take place on the date shown on the memorandum bill.

It is understood that this agreement may be terminated by me (either of us) at any time up to seven business days before the scheduled date of transfer by oral or written notice to Alliant Energy or BANK. Any such notification to Alliant Energy shall be effective only with respect to entries initiated after receipt of such notification. Any such notification to BANK shall be effective only with respect to entries debited to my (our) account by BANK after receipt of such notification.

It is also understood that I (we) agree to be bound by the Operating Rules and Guidelines of the National Automated Clearing House Association and shall have the rights set forth here with respect to all entries initiated by Alliant Energy pursuant to this agreement.

Depositor Signature	Date
Depositor Signature *(if two are required)*	Date

MAIL YOUR COMPLETED AUTHORIZATION AGREEMENT AND VOIDED CHECK TO:

Alliant Energy
Customer Service Center
P.O. Box 351
Cedar Rapids, IA 52406-9874