IN.gov

Account/Billing Information Update Form

IN.gov Account Number: _____

Name of Business: _____

Administrator Name: _____ E-mail Address: _____

Administrator Signature: _____

Please update my current billing information to:

- New Address (please indicate which address you are changing)
  - ☐ Billing address
  - ☐ Physical address

  _____

  _____

  _____

- New Credit Card _____

  _____ _____

  Credit Card Number Card Holder Name

  _____

  Expiration Date (mm/yyyy)

- Direct Debit (ACH)

  _____

  Bank Name

  _____ _____

  Routing Number Account Number

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