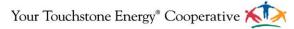


## Automatic Payment Withdrawal Request Form



**Member Signature** 



N6868 County Rd. F • Black River Falls, WI 54615 • 715.284.5385 • 800.370.4607 • Fax: 715.284.7143

The amount of your monthly electric bill will be automatically deducted from your specified account on the 24<sup>th</sup> day of each month. You may also set up this service through our SmartHub e-billing portal.

Please complete and submit the following information to JACKSON ELECTRIC COOPERATIVE, N6868 County Road F. BLACK RIVER FALLS, WI 54615 to enroll in automatic payment withdrawals:

dounty Road 1, Beach River 1 Acco, wi 64626 to children in automatic payment withdrawais.				
MEMBER INFORMATION				
NAME ON BILLING STATEMENT:			MEMBER #:	
JACKSON ELECTRIC ACCOUNT #(s):				
MAILING ADDRESS:				
PHONE NUMBER:	NE NUMBER: EMAIL ADDRE			
	·			
DEBIT OR CREDIT CARD				
CARD COMPANY (VISA, MASTERCARD, DISCOVER):				
CARD NUMBER:		EXPIRATION	EXPIRATION DATE:	
		·		
CHECKING OR SAVINGS ACCOUNT				
FINANCIAL INSTITUTION NAME:				
TYPE OF ACCOUNT: SAVINGS CHECKING				
ROUTING NUMBER:	A	CCOUNT NUMBER:		
		r Account Number t in automatic paym	ents. I understand that I control	

Jackson Electric Cooperative is an equal opportunity provider and employer.

**Date**