



Jackson

ELECTRIC COOPERATIVE

N6868 County Rd. F; P.O. Box 546
Black River Falls, WI 54615-0546
715-284-5385 or 1-800-370-4607
FAX: 715-284-7143
WEB SITE: www.jackelec.com

Direct Payment Plan Authorization Form

I authorize Jackson Electric Cooperative to instruct my financial institution to make my payments to them from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Jackson Electric Cooperative in writing.

Customer's Name (as shown on bill): _____

Customer's Member Number: _____

Customer's Account Number (s): _____

Customer's Phone Number: _____

Financial Institution Name: _____

Address: _____

Phone Number: _____

Type of Account: Savings Checking

Account Number: _____

Routing Number: _____

(9-digit number located between the banking symbols at the bottom of your check)

Please enclose a voided check or withdrawal slip so the correct financial institution information is recorded.

Signature

Date