

Automatic Payment Withdrawal Request Form

Your Touchstone Energy® Cooperative

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 24th day of each month. You may also set up this service through our SmartHub e-billing portal.

Should the account become <u>delinquent or have two or more NSF returns in one calendar year</u>, the account will be removed from autopay, and a deposit may be added to the account at the cooperative's discretion.

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:

MEMBER INFORMA	TION						
NAME ON BILLING STATEMENT:					MEMBER #:		
JACKSON ELECTRIC ACCOUNT #(s):							
MAILING ADDRESS:							
PHONE NUMBER:			EMAIL ADDRESS:				
DEBIT OR CREDIT CARD							
CARD NUMBER:					EXPIRATION DATE:		
CVV:	CARD COMPANY (VISA, MASTERCARD, DISCOVER):						
CHECKING OR SAVINGS ACCOUNT							
FINANCIAL INSTITUTION NAME:				TYPE OF ACCOUNT: ☐ SAVINGS ☐ CHECKING			
ROUTING NUMBER: ACCC			ACCOU	OUNT NUMBER:			
		□ Bank Name		Che	eck Num	ber	
		Your Name Your Address		96-9678/1294 12345676	1234		
	Your City, State Zip						
		W . B . L N			CLARS & MAZZ		
	Bank City, State						
1123456780 : 11000123456" 1234						-	
9 Digit Routing Number Your Account Number							
	at any time, I de					ayments. I understand that I control e I will notify Jackson Electric	
Member Signature	Jackson Electric	Cooperative is ar	n equal or	portuni	ity provi	Date ider and employer.	