

Automatic Payment Withdrawal Removal Request Form





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

Please complete and submit the following information to JACKSON ELECTRIC COOPERATIVE, N6868 County Road F, BLACK RIVER FALLS, WI 54615 to REMOVE your account(s) from automatic payment withdrawal:

NAME ON BILLING STATEMENT:			MEMBER #:	
ACCOUNT #:	ACCOUNT #:	ACC	CCOUNT #:	
☐ By checking this box, I understand that by signing this document I am authorizing Jackson Electric Cooperative to stop automatic payment withdrawal, for the accounts listed above, through my financial institution.				
☐ By checking this box, I understand this change will be effective as of the date listed below and I will be responsible for making any future payments on my account(s) on or before the 24th of each month.				
Member Printed Name as on Account:				
Member Signature:			Date:	
Jackson Electric Cooperative Signature			Date:	