



**JACKSON ENERGY**

A Touchstone Energy<sup>®</sup>  
Cooperative



## MEMBER AUTO BILL ENROLLMENT FORM

Member Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Jackson Energy Account #: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Statement sent to above address:  Yes  No

If not, what address is the statement sent to: \_\_\_\_\_

\_\_\_\_\_

### CHECKING or SAVINGS ACCOUNT

Name(s) on Check: \_\_\_\_\_

Address on Check: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

*(This 9-digit number will be between the semicolons to the left of your bank account number)*

Select one:  Checking Account\*  Savings Account

Bank Name: \_\_\_\_\_

Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**\*ATTACH A VOIDED CHECK TO THIS FORM IF USING A CHECKING ACCOUNT**

I agree to authorize Jackson Energy Cooperative to withdraw my monthly electric bill from my designated checking/savings account as indicated above. I understand that the recurring amount of the payment will be designated on the monthly bill. I will contact the co-op directly concerning any bill disputes. This authority will remain in full force until Jackson Energy has received written notification from me of its termination in such time and such manner as to afford Jackson Energy a reasonable opportunity to act on it. I agree that it is my responsibility to advise Jackson Energy of any/all changes to the check-savings account information so that my charges may be deducted accordingly.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_