

CUSTOMER AUTO BILL ENROLLMENT FORM

Customer Name: _____

Home Address: _____

City: _____ State: _____ Zip Code _____

Jackson Energy Account #: _____

Phone Number(s): _____

Statement sent to above address YES _____ NO _____

If not, what address is the statement sent to: _____

CHECKING or SAVINGS ACCOUNT

Name on check: _____

Address on check: _____

City: _____ State: _____ Zip Code _____

Telephone # () - County: _____

Bank Account Number _____

Bank Transit/ABA Number _____
(This 9 digit number will be between the semicolons to the left of your bank account number)

Bank Name: _____

Bank City & State _____

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

I agree to pre-authorize Jackson Energy Cooperative to automatically bill my monthly power bill against my designated checking account as indicated above. I understand that I will receive a copy of my bill each month as reference. I will contact the co-op directly concerning 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 checking account information so that my charges may be deducted accordingly.

Printed Name: _____

Signature: _____

Date: _____