



Automatic Payment Withdrawal Request Form

Your Touchstone Energy® Cooperative 



N6868 County Rd. F • P.O. Box 546 • 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 bank account on the 5th day of each month. You may also set-up this service at www.jackelec.com under the Billing tab.

Please complete and submit the following information to JACKSON ELECTRIC COOPERATIVE, PO BOX 546, BLACK RIVER FALLS, WI 54615 to enroll in automatic payment withdrawals:

MEMBER INFORMATION (please print; use black or blue ink)			
NAME ON BILLING STATEMENT:			MEMBER #:
ACCOUNT #:	ACCOUNT #:	ACCOUNT #:	
EMAIL ADDRESS:			
TELEPHONE #:		CELL PHONE:	
FINANCIAL INSTITUTION:			TELEPHONE #:
ADDRESS:			
CITY:		STATE:	ZIP:
TYPE OF ACCOUNT: <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING			
ROUTING NUMBER:		ACCOUNT NUMBER:	



I authorize Jackson Electric Cooperative to instruct my financial institution to make my electric payments to them from the account listed above. 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.

Enclosed is a voided check or withdrawal slip so correct financial institution information is on file at Jackson Electric Cooperative.

Member Signature

Date